

ST. FRANCIS XAVIER CATHOLIC SCHOOL

DATE _____

Father/ Guardian _____ Religion _____
(Last) (First) (Middle)

Address _____ Home Phone _____
(City) (State) (Zip)

Employer _____ Work Phone _____

Mother/ Guardian _____ Religion _____
(Last) (First) (Middle)

Maiden Name _____

Address _____ Home Phone _____
(City) (State) (Zip)

Employer _____ Work Phone _____

Children - Please include all pre-school children:

Full Name: Last, First, Middle **Date of Birth** **Place of Birth** **Date of Baptism** **Place of Baptism Parish, City, State**

Full Name: Last, First, Middle	Date of Birth	Place of Birth	Date of Baptism	Place of Baptism Parish, City, State