

ST. CHARLES BORROMEIO STUDENT INFORMATION FORM

PLEASE RETURN TO THE VICE RECTOR'S OFFICE

Please complete front and back

DATE: _____

Name: CLASS YEAR (Arch)Diocese:
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PERSONAL INFORMATION:

Date of Birth:
Soc. Sec. Number:
Home Phone:
Cell Phone:
Personal E-Mail:

SEMINARIAN HOME ADDRESS:

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PARENT/GUARDIAN CONTACT INFORMATION:

How should we address letters to your parent(s)/guardian(s)? (e.g. Mr. and Mrs., Dr. and Mrs., send separately)

Father/Male Legal Guardian:

Male Parent/Guardian Relationship:
Male Parent/Guardian Name:
Address:
Home phone:
Work phone:
Cell phone:

Mother/Female Legal Guardian:

Female Parent/Guardian Relationship:
Female Parent/Guardian Name:
Mother Address: (If same as Father's Address just put SAME)
Mother Home phone:
Mother Work phone:
Mother Cell phone:

PERSON TO CONTACT IN CASE OF EMERGENCY:

Emergency Contact Name:
Emergency Contact Relationship:
Emergency Contact Address:
Emergency Contact Home Phone:
Emergency Contact Work Phone:
Emergency Contact Cell Phone:

HOME PARISH: (Where you are a REGISTERED parishioner.)

Parish:
Pastor:
Home Parish Address:
Home Parish Telephone: