5411 MainStreet Sylvania,Ohio 43560 419-882-6670 www.stjosephschoolsylvania.org



CUMULATIVE FILE INFORMATION FORM

STUDENT'S NAME					
BIRTH DATE	DATE OF ENROLLMENT				
ADDRESS	PLACE OF BIRTH				
CITY, STATE, ZIPTELEPHONE					
RELIGION:					
RELIGION:	CHURCH	CH CITY		STATE	DATE
BAPTISM	011011011				
FIRST COMMUNION					
CONFIRMATION					
FATHER'S NAME	NAMEMOTHER'S NAME(MAIDEN NAME)				
OCCUPATION	OCCUPATION				
EMPLOYER	EMPLOYER				
ADDRESS	ADDRESS				
TELEPHONE	TELEPHONE				
FATHER'S RELIGION_	MOTHER'S RELIGION				
BIRTHPLACE	BIRTHPLACE				
PLEASE CIRCLE IF AP	PLICABLE:				
MOTHER DIVORCED FATHER	SEPARATED	REMARRIED DECEASED REMARRIED DECEASED			
LANGUAGE SPOKEN IN	ТНЕ НОМЕ				
PREVIOUS SCHOOL AT	ΓENDED: NAM	ИЕ			
	ADDRE	SS			