

OFFICE OF CATHOLIC EDUCATION - DIOCESE OF CLEVELAND - PERMANENT RECORD CARD

**Saint Joan of Arc School
Chagrin Falls OH 44022**



STUDENT #	CLASS OF: (Year)					
STUDENT INFORMATION						
Last Name	First Name	Middle Name	Sex	Birthdate	Birthplace (City, St, Country)	Date Entered

Click the box to the left of the current residence, mm/dd/yyyy Date student entered school.

<input type="checkbox"/>	Residence Address	City	County	Zip	Home Phone	Student Parish / City
<input type="checkbox"/>						
<input type="checkbox"/>						

Ethnicity (Optional) Amer Indian/Alaskan Native Black/African Amer Native Hawaiian/Other Pacific Islands Multiracial
 Asian Hispanic White

SACRAMENTS		BAPTISM CERTIFICATE		STUDENT ENTERED FROM <input type="radio"/> Parochial <input type="radio"/> Other	
Baptism Date		Verified by		School from	
Reconciliation Date		Church		School from City	
Communion Date		Rite		School from State	
Confirmation Date		City, St, Zip		Grade Entering	

Check the box(es) to the left of who student resides with. PK K 1 2 3 4 5 6 7 8

STUDENT LIVES WITH								
<input type="checkbox"/>	Natural Mother (NM)	Last Name	First Name	Maiden Name	Birthplace	Occupation	Employer	Work Phone
<input type="checkbox"/>	Natural Father (NF)							
<input type="checkbox"/>	Custodial M (CM)							
<input type="checkbox"/>	Custodial F (CF)							
<input type="checkbox"/>	Other							

PARENTS/CUSTODIAL PARENTS	<i>Catholic, Protestant, Jewish, Other</i>	<i>Married / Separated / Divorced / Remarried / Widowed / Single / Deceased</i>	<i>Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College</i>
	Religion	Parent Status	Education
Natural Mother (NM)			
Natural Father (NF)			
Custodial M (CM)			
Custodial F (CF)			
Other			

LEGAL GUARDIAN			OTHER CHILDREN IN THE FAMILY/LIST NAME & BIRTHDATES			
Name		1.		4.		
Address		2.		5.		
City, St, Zip		3.		6.		

LANGUAGE SPOKEN AT HOME English Other (list) _____