

Public School District in which you reside:
 School building student would attend:
 Wooster area resident: _____ years

Has your child had (privately or through preschool/school):	
Speech Therapy	Yes No
Occupational Therapy	Yes No
Physical Therapy	Yes No
Early Intervention Service	Yes No

Please provide any medical diagnosis or condition:

Last Name		First Name		Middle Name		Sex		Birthdate		Birthplace (City, St., Country)		Date Entered			
<i>Click the box to the left of the current residence.</i> Residence Address mm/dd/yyyy															
City		County		Zip		Home Phone		Student Parish / City							
Ethnicity (Optional)		<input type="radio"/> Amer Indian/Alaskan Native <input type="radio"/> Asian		<input type="radio"/> Black/African Amer <input type="radio"/> Hispanic		<input type="radio"/> Native Hawaiian/Other Pacific Islands <input type="radio"/> Multiracial									
SACRAMENTS															
Baptism Date		Verified by		Church		Rite		City, St., Zip		STUDENT ENTERED FROM					
Reconciliation Date		Church		Rite		City, St., Zip		School from		<input type="radio"/> Parochial <input type="radio"/> Other					
Communion Date		Church		Rite		City, St., Zip		School from City							
Confirmation Date		Church		Rite		City, St., Zip		School from State							
<i>Check the box(es) to the left of who student resides with.</i> 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		Catholic, Protestant, Jewish, Other		Married / Separated / Divorced / Remarried / Widowed / Single / Deceased		Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College	
Natural Mother (NM)		Religion		Parent Status		Education	
Natural Father (NF)							
Custodial M. (CM)							
Custodial F. (CF)							
Other							
LEGAL GUARDIAN							
Name		1.		OTHER CHILDREN IN THE FAMILY/LIST NAME & BIRTHDATES			
Address		2.				4.	
City, St., Zip		3.				5.	
						6.	
LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Other (list)							