



**PERMANENT RECORD**  
**CATHOLIC SCHOOLS - ARCHDIOCESE OF NEWARK**

Name of School: \_\_\_\_\_ Address of School: \_\_\_\_\_

Last Name	First Name	Middle	Place of Birth	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Admitted	Grade
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Address	City	State	Zip	Phone
<b>Change of Address</b>				
Address	City	State	Zip	Phone

<b>FATHER</b>	<b>MOTHER</b>	<b>GUARDIAN</b>
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone: _____ Day _____ Evening _____	Phone: _____ Day _____ Evening _____	Phone: _____ Day _____ Evening _____

Student Ethnicity and Religion	
<b>Please check one:</b>	<b>Catholic</b> <b>Non-Catholic</b>
American Indian/Native Alaskan	
Asian	
Black	
Hispanic	
Native Hawaiian/Pacific Islander	
White	
Multi - Racial	

SACRAMENT	DATE	CHURCH	CITY	STATE
BAPTISM				
FIRST PENANCE				
FIRST COMMUNION				
CONFIRMATION				