

**INITIAL ENROLLMENT  
FAMILY INFORMATION FORM**

DATE \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION AND  
RETURN TO THE OFFICE AS SOON AS POSSIBLE.**

FAMILY NAME \_\_\_\_\_

FAMILY'S RELIGION \_\_\_\_\_

LIST ALL CHILDREN –NAMES AND (RELIGION -If different than listed above)

\_\_\_\_\_  
\_\_\_\_\_

FAMILY'S PARISH/CHURCH \_\_\_\_\_

REFERRED BY (NAME OF FAMILY OR STAFF MEMBER):

\_\_\_\_\_

LIST PARENT AND/OR OTHER RELATIVE(S) WHO HAVE ATTENDED  
ST. JOHN NEUMANN CATHOLIC SCHOOL

\_\_\_\_\_MOM (maiden name) \_\_\_\_\_

\_\_\_\_\_DAD

\_\_\_\_\_OTHER - PLEASE COMPLETE SECTION BELOW

NAME /ADDRESS /EMAIL ADDRESS AND RELATIONSHIP TO STUDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_