Archdiocese of St. Louis
Elementary Schools
Revised June, 1999

CUMULATIVE RECORD

School: Good Shepherd Catholic School
Address: 701 3rd Street
Hillsboro, MO 63050

Family Name of Pupil: _____ First:_____ Middle:_____ Religion:_____

Grade Entered:_____ Today's Date:_____

Home Address:_____ City, State, Zip:_____

Birthdate mm/dd/yy:_____ Telephone #:_____ Cell Phone #:_____

Social Security Number:_____ Public School District You Reside In:_____

********** ***FAMILY DATA*** **********

(Please include Maiden Name)

Father:_____ Religion:_____ Mother:_____ Religion:_____

Father's Occupation:_____ Business Address:_____ Telephone:_____

Mother's Occupation:_____ Business Address:_____ Telephone:_____

Marital Status: ____ Married ____ Divorced If divorced, which parent has legal custody, Mother or Father. (please circle one)

If Student is not living with parents, complete the following: Guardian:_____

Address of guardian:_____

Telephone of guardian:_____ Cell Number:_____

Occupation of guardian:_____ Business Address:_____

Business Phone Number:_____

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Schools Attended

Date Entered	Name of School (s)	City	State	Date Withdrawn	Reason*

*Moved (1) Illness (2) Parental Wish (2) Transferred (4) Reasons Unknown (5) Death (6)

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Baptism First Communion Confirmation

Date:_____ 10-Jan