

300 East Taft Avenue, Orange, CA 92865 714.637.6822 FAX 714.637.1601 www.saintnorbertschool.org

STUDENT INFORMATION Please Print								Date Received Time									
LEGAL Last Name		First		MI	MI Ethnicity			Sex		F	Place of Birtl	h		Date of Birt	th	Grade Applying For:	
Religion Home Addres		ss		City	City		Zip		Home		ne Phone		Name	Name & Address of School now attending			
SACRAMENTS Date Baptism		Church				City	City				State	te Zip		Verifying Signat		ature School Office	
Reconciliation																	
First Eucharist																	
FAMILY INFOR	MATION																
Father: Legal Last Name		Last		Fir	First			Middle			Religior						
		Email					<u> </u>							Business Number			
		address.			Lau						Lou			Contact Phone Number			
(IF DIFFERENT FROM STUDENT'S ADDRESS)		Home Address				City	City				Sta	te 2	IP	( )		ne Number	
Mother: Legal Last Name		Last		Fire	First			Maiden				Religion					
(IF DIFFERENT FROM STUDENT'S ADDRESS)		Email address												Business Phone ( )			
		Home Ad			City						Sta	State ZIP		Contact Phone Number ( )		ne Number	
Guardian: Legal Last Name		Last		Fir	First			Religion				Place of Birth					
		Email address.		_	_		_	_	_	_							
(IF DIFFERENT FROM STUDENT'S ADDRESS)		Home Ad	Home Address		City						State		IP	Contact Phone Number  ( )		ne Number	
Home Situation (circle the # of the situation that applies)  1. Living with both parents 2. Parents divorced: Living w/ Mother alone, Or Mother & Stepfather (Circle one) 3. Parents divorced: Living w/ Father alone, Or Father & Stepmother (Circle one) 4. Living with Guardians who are relatives 5. OTHER: If #2 through #5 is Circled: 6. Who has Custodial rights?							Bir Ba Gr Re	Birth Certificate					on for Pre-School & Kindergarten:  Kindergarten Assessment Fee \$25 Registration Fee  Birth Certificate Baptismal Record				
Envelope#			_														