



Visitation Academy

CATHOLIC SCHOOLS - ARCHDIOCESE OF NEWARK



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

FATHER Deceased () Name: _____ Address: _____ City State Zip Phone: _____ Day Evening	MOTHER Deceased () Name: _____ Address: _____ City State Zip Phone: _____ Day Evening	Admissions/Transfer Information Previous School: _____ Address: _____ Last day of attendance: _____
Parish: _____		

Student Ethnicity and Religion		
Please check one:	Catholic	Non-Catholic
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				