

\_\_\_ Yes

\_\_\_ No

**CONFIDENTIAL INFORMATION FORM**

Please PRINT all information and check where appropriate.

Date: \_\_\_\_\_

Student Name \_\_\_\_\_  
(last) (first) (initial)

STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_

Parent's Information: (check)

\_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Dad Deceased \_\_\_ Mom Deceased

Mother's Name \_\_\_\_\_  
(last) (first)

Mother's E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_  
(last) (first)

Father's E-mail address \_\_\_\_\_

Student lives with: (check one)

\_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother Other \_\_\_\_\_  
(relationship)

Brother(s) in St. Laurence (List names by age - - oldest first)

NAME

YEAR OF GRADUATION

\_\_\_ None currently attending \_\_\_\_\_

Sisters currently attending Queen of Peace

\_\_\_ None currently attending \_\_\_\_\_

Did father graduate from St. Laurence?

\_\_\_ Yes

\_\_\_ No

If yes, give year \_\_\_\_\_

Ethnic Background: (check ONE)

\_\_\_ 01 American Indian or Alaskan Native

\_\_\_ 05 White

\_\_\_ 02 Asian-Pacific Islander

\_\_\_ 06 Native Hawaiian or Pacific Islander

\_\_\_ 03 African American, non-Hispanic

\_\_\_ 07 Two or more races

\_\_\_ 04 Hispanic