

TRINITY CATHOLIC MIDDLE SCHOOL
948 Newfield Avenue
Stamford, CT 06905
(203)322-7383/Fax (203)322-4435

STUDENT DATA FORM

Below is a form we need filled out and returned to school ASAP for our computer data base. Please take a few minutes to fill in the information and return it to school in the envelope provided in this mailing. Please return this form to the *TCMS School Office* **NO**

LATER THAN FRIDAY, AUGUST 21, 2009. THANK YOU!

Student's Surname (Last name): _____

Student's First Name: _____

Student's Middle Name: _____

Student's Preferred Name: _____

Student's Gender: Male _____ Female _____ (please check one)

Student's Date of Birth: _____

Student's Home Address:

Street: _____

Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number (with area code): _____

Mother's Name: _____

Mother's Place of Work : _____

Mother's Work Address: _____

Mother's
Work No.: _____

Mother's
Cell Phone No. _____

TRINITY CATHOLIC MIDDLE SCHOOL
948 Newfield Avenue
Stamford, CT 06905
(203)322-7383/Fax (203)322-4435

STUDENT DATA FORM (Page 2)

Father's Name: _____

Father's Place of Work : _____

Father's Work Address: _____

Father's
Work No.: _____

Father's
Cell Phone No. _____

Language Spoken in Student's Home: _____

Student's Parish: _____

Student's Religion: _____

Student's Previous School: _____

Emergency Contact

Name: _____

Relationship to Student: _____

Home No.: _____

Work No.: _____

Cell Phone No. _____