



REGISTRATION FORM

Date: _____ School Year: _____ - _____ M ___ F ___ Entering Grade: _____

_____ *Last Name* _____ *First Name*

_____ *Address* _____ *City* _____ *Zip*

_____/_____/_____
 _____ *Date of Birth* _____ *Place of Birth* _____ *Citizenship*

_____ *Mother's Email* _____ *Father's Email*

_____ *Mother's Cell* _____ *Father's Cell*

_____ *Religion* _____ *Parish* _____ *City*

	Parish	City & State	Date
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

TRANSFER STUDENTS ONLY

PRESENT School: _____ *Grade:* _____

Address: _____ *Phone:* _____

Reason for Leaving: _____

FORMER School: _____ *Grade:* _____

Address: _____ *Phone:* _____

Reason for Leaving: _____

Has your child ever been evaluated by a Child Study Team? ___ Yes ___ No *Date of Evaluation:* _____

Other pertinent information: _____

PRESCHOOL STUDENTS ONLY

_____ 5 Full Days (8:15 am - 2:00 pm)

_____ 3 Full Days (8:15 am - 2:00 pm)

_____ 5 Half Days (8:15 am - 11:00 am)

OFFICE USE ONLY

- () Birth Certificate
- () Baptismal Certificate
- () Immunization Record
- () Report Card/Stand. Test
- () Standardized Test Scores
- () Driver's License
- () Tax Bill/Utility Bill
- () Registration Fee – Check # _____

FAMILY BACKGROUND

	Father	Mother	Guardian <i>(Relationship to student)</i>
Name			
Address <i>(If different from child)</i>			
Occupation/ Employer Work Address/ Phone			
Email			
Date of Death <i>(If applicable)</i>			
Education	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Advanced	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Advanced	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Advanced
Religion			

Home situation (Check all that apply): _____ Two Parents _____ One Parent

Language spoken at home _____

