



Parish:

**2010-2011
NEW REGISTRATION**

Grade Entering _____
Pre-K ONLY (Choose One) AM FULL

Child's Full Name _____
(LAST) (FIRST) (M.I.)

Permanent Address _____
(HOUSE NUMBER AND STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

Home Phone Number _____ - _____ - _____

Date of Birth ____/____/____ **Age** ____ **Entering Grade** ____ **Gender** _____
(MONTH) (DAY) (YEAR) (Male or Female)

Ethnicity (Please Circle): African/American Asian Caucasian Hispanic Multi-Racial Native American Pacific Islander

Religion (Please Circle): Catholic Non-Catholic **Social Security Number** ____ - ____ - ____

Student Resides with (Please Circle): Mother/Father Mother Father Mother/Stepfather
Father/Stepmother Grandparent(s) Other

If divorced, who has custody of the child? _____

<p>Mother's Full Name _____ (LAST) (FIRST) (M.I.)</p> <p>Mother's Employer _____ Religion _____</p> <p>Mother's Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____</p>
<p>Father's Full Name _____ (LAST) (FIRST) (M.I.)</p> <p>Father's Employer _____ Religion _____</p> <p>Father's Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____</p>
<p>Step Parent's Full Name _____ (LAST) (FIRST) (M.I.)</p> <p>Step Parent's Employer _____ Religion _____</p>



Step Parent's Work Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Name of Previous School/Home Schooling _____

Student's Resident School District _____

County of Residence _____ Distance from School _____

Religious Sacraments:

Parish Name (Current) _____

	DATE	CHURCH	LOCATION
Baptism	_____	_____	_____
First Reconciliation	_____	_____	_____
First Communion	_____	_____	_____

Other Children in Family

Name	Age	Name	Age
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Restrictions that should be on file with the school _____

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE,
BOTH PARENTS HAVE ACCESS TO THE STUDENT AND THE CHILD'S EDUCATIONAL RECORDS.**

Paternal Grandparents _____

Address _____

Maternal Grandparents _____

Address _____



Please indicate how you wish all school mail to be addressed, including the address of parent if not residing with student.

Be sure to include titles (i.e. Mr., Mrs., Ms., etc.)

Name(s) _____

Address(es) _____

VERY IMPORTANT:

Physical Exam (performed within last 12 months) and a copy of up-to-date immunization record must be on file prior to the start of school.