

Date \_\_\_\_\_

**2018 – 2019**  
**Registration Form**  
**Student Information**

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

2. Mailing Address for School Correspondence (**This should be the Student's Mailing Address**)

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ E-Mail Address(es) \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

3. Circle One: Male Female Start Date: \_\_\_\_\_

4. Birth Date: \_\_\_\_\_ (MM/DD/YYYY) Ethnicity: \_\_\_\_\_

5. Previous School Attended \_\_\_\_\_

6. Does this Student have an Individualized Education Plan (IEP/IESP) on file? \_\_\_ Yes \_\_\_ No

7. Does this Child have a Sibling in this School? \_\_\_ Yes \_\_\_ No

8. Is this Student Catholic? \_\_\_ Yes \_\_\_ No

*If Yes, Answer #'s 9, 10, and 11.*

*If No, What is your religious Affiliation?* \_\_\_\_\_

9. What is the Name of the Parish that you attend? \_\_\_\_\_

10. What is the Date this student received the Sacrament of Baptism? \_\_\_\_\_

What is the Name of the Church where she/he was Baptized? \_\_\_\_\_

11. If Catholic, has the student received any of the following sacraments of the Catholic Church:

Please Enter the Dates and Names of the Church:

Penance: \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

Communion \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

Confirmation \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

12. What is the Date of this student's 1<sup>st</sup> Polio Vaccine shot? \_\_\_\_\_

13. What is the City \_\_\_\_\_, State \_\_\_\_\_, and Country \_\_\_\_\_ where this student was born?

**For Office Use:**

Registration Fee Paid by: \_\_\_ Cash \_\_\_ Money Order \_\_\_ Check# \_\_\_ Date \_\_\_

Instructional Fee Paid by: \_\_\_ Cash \_\_\_ Money Order \_\_\_ Check# \_\_\_ Date \_\_\_

**Received:**

Birth Certificate \_\_\_ Baptismal Certificate \_\_\_ Immunizations \_\_\_ School Records \_\_\_ Proof of Residency \_\_\_

**\* This application will not be accepted unless it is completely filled out.**



FAMILY INFORMATION

MOTHER

TITLE: \_\_\_\_\_ (Mr., Mrs., Dr., Ms., etc.)

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

RELIGION \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE - (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

RELIGION \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HOME PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

WORK PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_