

St. Augustin Student Registration/Contact Information Form
Sept 2018- May 2019

student 1st name student last name birthday
ex.) 01/17/2001 grade entering

baptism date parish name of baptism date of baptism

father's first name father's last name mother's first name mother's maiden name

home street address city state zip code

home phone home email (for me to send emails to) PLEASE PRINT CLEARLY

emergency contact person name emergency contact phone #

What allergies does your child have, if any? ("none" or state allergy) _____

Does your child have any special learning needs? (if yes, please note) _____

Besides yourselves (usually father, mother, or grandparent) please state others you authorize to pick up your child(ren) after class. _____