

REGISTRATION FORM

Student's Name _____ Date of Entrance _____
Last First Middle

Address _____ Phone _____
Street City State Zip

Male Female Race _____ Religion _____ Previous School _____

Child's Place of Birth _____ Child's Date of Birth _____
City State Zip Month Date Year

Social Security Number (optional) _____ - _____ - _____

CURRENT FAMILY DATA

	Mother				Father			Additional Information
Name	Last	First	Middle	Maiden	Last	First	Middle	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Remarried				<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Remarried			# Children older _____ # Children younger _____ Information pertaining to your child that may be helpful to teachers:
Home Address								
Phone Numbers	home	work			home	work	mobile	
Religion								
Occupation								
Place of Birth								
Date of Birth								
Education								
Parish								
Student lives with ...	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____							
Baptism	Date	Church			City	State	Zip	
First Communion								
First Reconciliation								
Confirmation								