

Student Information

Last Name (as shown on Birth Certificate)		First Name (as shown on Birth Certificate)		Middle Name	Nickname
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	City/State of Birth		Religion	
Upcoming Grade <input type="checkbox"/> K4 <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8					
School Last Attended Required			City/State		
Race (Check one or all that apply) Required <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander					
Is this student of: <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Not of Hispanic, Latino or Spanish origin					
Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____ <input type="checkbox"/> Need translation					

Sacramental Information Required for all new students

Baptized Catholic	Yes	No	Name of Church	City/State	Provide copy of certificate New Students only
First Communion	Yes	No	Name of Church	City/State	

Primary Address (Please fill out all the information below)

Street Address		City	Zip
Home Phone	Email		
Student lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Name & relationship)			

Mother/Guardian Information:

Name		
Address (if different from above)		
Home Phone (if different from above)	Cell Phone	Email
Occupation	Place of Employment	Work Phone
Member of St. Greg's <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Name of church and denomination	

Father/Guardian Information:

Name		
Address (if different from above)		
Home Phone (if different from above)	Cell Phone	Email
Occupation	Place of Employment	Work Phone
Member of St. Greg's <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Name of church and denomination	

For Office use only: **Date Registered:** _____ **Deposit:** _____

PLEASE FILL OUT THE OTHER SIDE➡➡➡➡

OTHER CHILDREN IN THE FAMILY

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY

Person to call if unable to reach parent/guardian for emergencies or pick up:

Name:	Phone:	Relationship
Name:	Phone:	Relationship
Name:	Phone:	Relationship
Name:	Phone:	Relationship:

Date: _____ Signed: _____
(Parent or Legal Guardian)

PLEASE NOTIFY THE SCHOOL WHENEVER ANY STUDENT/PARENT INFORMATION CHANGES.