

REGISTRATION FORM

Student: _____
Family Name First Middle Today's Date

Address: _____
Phone Religion

Birth: _____
City State Month/Day/Year Social Security #

Baptism: _____
Month/Day/Year Church City State

First Communion: _____
Month/Day/Year Church City State

Father: _____
Family Name First Middle Religion

Occupation: _____
Business Address Phone

Mother: _____
Family Name First Middle Maiden Name Religion

Occupation: _____
Business Address Phone

E-Mail Address _____

Marital Status: Married _____ Divorced _____ Single _____ Remarried _____

If not married, which parent has legal custody _____
Date of most recent custodial decree, including modifications _____

Guardian—if child is not living with parents:

Name: _____
Family Name First Middle Religion

Address: _____
City State Phone

Occupation: _____
Business Address Phone

Is there any pertinent information which the principal should know about your child? Illness?
Allergy? _____

Are there any diagnosed medical conditions the student has which may require the school to make adjustments or plans for emergency response? _____

School Last Attended: _____ Grade _____

Reason for Transfer: _____

A nonrefundable \$50 deposit (per family in grades K-5) is required with a completed Registration Form. Your \$50 deposit will be applied towards your tuition.