

# New Student Registration

Tel: 464-4776

Family Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## PARENT INFORMATION

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Mother's Job: \_\_\_\_\_

Father's Job: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_

Father's Work #: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Status: Married Separated Divorced Remarried  
(Circle One)

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(Circle One)

Same Address? \_\_\_\_\_

Same Address? \_\_\_\_\_

## (1<sup>st</sup>) NEW STUDENT INFORMATION

First, Middle, Last \_\_\_\_\_ Sex: Male / Female

School: \_\_\_\_\_ Sept. 2010 Grade \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Problems: \_\_\_\_\_

Baptism Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

1<sup>st</sup> Eucharist Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Confirmation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

*In the event of an emergency and both Parents cannot be reached, please contact:*

Name/Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Additional new children's information (over).....

**(2<sup>nd</sup>) NEW STUDENT INFORMATION**

**First, Middle, Last** \_\_\_\_\_ **Sex:** Male / Female

**School:** \_\_\_\_\_ **Sept. 2010 Grade** \_\_\_\_\_

**Date of Birth:**     /     /                   **Place of Birth (City/State)** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Health Problems:** \_\_\_\_\_

**Baptism Date:**     /     /           **Church:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Eucharist Date:**     /     /           **Church:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation Date:**     /     /           **Church:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**(3<sup>rd</sup>) NEW STUDENT INFORMATION**

**First, Middle, Last** \_\_\_\_\_ **Sex:** Male / Female

**School:** \_\_\_\_\_ **Sept. 2010 Grade** \_\_\_\_\_

**Date of Birth:**     /     /                   **Place of Birth (City/State)** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Health Problems:** \_\_\_\_\_

**Baptism Date:**     /     /           **Church:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**1<sup>st</sup> Eucharist Date:**     /     /           **Church:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Confirmation Date:**     /     /           **Church:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**COMMENTS:**.....  
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