



Student Registration Form

St. Patrick Catholic School

23070 Hwy 59 N., P.O. Box 609, Robertsdale, AL 36567
Phone (251)947-7395 school.stpatcatholic.com

PLEASE PRINT ALL INFORMATION

Date of Application _____

Grade Entering _____

STUDENT INFORMATION/DATA

SCHOOL HISTORY

Name _____
Last First Middle

Name Child Goes By _____ Date of Birth _____

Gender: Male Female

Race/National Origin White African American
Asian/Pacific Islander Native American/Alaskan Native Other

Student Address _____
Street or P.O. Box City State Zip

Phone _____ Place of Birth _____

Student Religion _____ Parish _____

PTO & ALUMNI INFORMATION

Name any family members/close friends who attended St. Patrick School and year of graduation.

Your Public School District _____

Schools Attended (List most current first)

School Grades Attended Address

Has your child ever been suspended or expelled? Yes No

Has your child been retained? Yes No

If so, what grade? _____

Has your child ever been diagnosed with

A learning disability? Yes No

Attention deficit disorder? Yes No

Attention deficit disorder with hyperactivity? Yes No

Central auditory processing disorder? Yes No

Is there documentation to verify diagnosis? Yes No

Has your child ever been prescribed medication for any of the above disorders? Yes No

Has your child had an IEP? Yes No

Has your child ever been enrolled in special classes? Yes No

Does your child have any other special needs/disabilities? Yes No

PARENT/FAMILY DATA

FATHER/STEP-FATHER/GUARDIAN (CIRCLE ONE)

Name _____

Address _____

Home Phone _____ Cell Phone _____

Place of Work _____ Work Phone _____

Email _____ Religion _____

MOTHER/STEP-MOTHER/GUARDIAN (CIRCLE ONE)

Name _____

Address _____

Home Phone _____ Cell Phone _____

Place of Work _____ Work Phone _____

Email _____ Religion _____

Student currently lives with:

Mother Father Step-Mother Step-father

Grandmother Grandfather Guardian

If parents are divorced, who has primary custody?

DOCUMENTATION OF CUSTODY MUST BE GIVEN AT TIME OF REGISTRATION.

Other Children In Family Please List:

Name Age School

EMERGENCY INFORMATION

Please list two people that can be called in the event parents/guardians cannot be reached.

Name _____

Relation To Child _____

Home Phone _____ Cell Phone _____

Name _____

Relation To Child _____

Home Phone _____ Cell Phone _____

STUDENT SACRAMENTAL HISTORY

Baptism

Date Parish/Church

First Penance/Reconciliation

Date Parish/Church

First Communion/Eucharist

Date Parish/Church

Confirmation

Date Parish/Church

This registration form is for planning purposes.

It is not a contract.

If any information is falsified, admittance or continuation in this school may be terminated.