



STUDENT REGISTRATION FORM 2019-2020

Student: _____ Gender: _____

First Middle Last

Date of Birth: _____ Place of Birth _____

MM/DD/YY City State

Home Address: _____

City, State & Zip Code: _____

Mailing Address: _____

City, State & Zip Code: _____

Home Telephone No: _____

Baptism:

Date: _____ Parish: _____

City & State: _____

1st Communion:

Date: _____ Parish: _____

City & State: _____

Has your child ever been tested for learning disabilities? Yes No

If your answer is yes, please provide the school at registration time with a copy of recommendations.

Father's Name: _____

FIRST MIDDLE LAST

Occupation: _____

Educational Level: _____

Business or Employment: _____

Work Telephone No: _____

Cell or other Telephone No: _____

Religion: _____

Marital Status: Married Separated Divorced Widower Single

Mother's Name: _____

FIRST MIDDLE LAST

Occupation: _____

Educational Level: _____

Business or Employment: _____

Work Telephone No: _____

Cell or other Telephone No: _____

Religion: _____

Marital Status: Married Separated Divorced Widow Single

Child lives with: Both Father Mother Other: _____

Does other parent have legal access? Yes No N/A

Parish in which family is registered: _____

NAME

City

I understand that my obligation as a parent include attendance to parent meeting, parent/teacher/student conferences and participation in fund-raising activities, volunteer activities and adherence to school rules and regulations.

Parent's Signature

Print Parent's Name

Date