



St. Stephen Catholic School

1027 Napoleon Ave. New Orleans, LA 70115 ♦ (504)891-1927

Registration
2020-2021 School Year

Please Print.

Complete all questions in blue or black ink.

New: _____ Returning: _____

Registration Date: _____

Grade Entering 2020-2021: _____

Student Name: _____

Date of Birth: _____

Current Grade: _____

Social Security Number: _____

Current School: _____

Name

City

State

Previous Schools: _____

Name

City

State

Name

City

State

Religion: _____ Race: _____ Gender: _____

Parent/Guardian Information:

Father's Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Employer: _____ Occupation: _____

Email Address: _____

Mother's Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Employer: _____ Occupation: _____

Email Address: _____

Student Resides with: _____

Mailing Address (if different from Physical Address)

Street

City

State

Zip

