



Grade K-8 Registration Application

Parish: _____

Name of Student: _____
Last First Middle

Birth date: _____ Gender: (M) _____ (F) _____ Country of Birth: _____

Grade entering as of September: _____ Ethnic Background: _____

Race _____ Religion _____

Public School District of Residence: _____ County: _____

Address: _____
(Number and street name)

(City, State and Zip Code)

Phone Number including area code: _____

E-mail address: _____

Full Name of Mother: _____
(Including Maiden Name)

Religion of Mother: _____ Country of Birth: _____

Mother's Work Number #: _____ Mother's Cell Number #: _____

Full Name of Father: _____

Religion of Father: _____ Country of Birth: _____

Father's Work Number #: _____ Father's Cell Number#: _____

Parents are: Married Separated Divorced Deceased-Mother Deceased-Father
(Please circle)

Home situation of student – please check all that apply.

_____ 2 biological parents _____ Father/stepmother

_____ 1 parent _____ Mother/stepfather

_____ Other (specify) _____

(Please fill out student section on reverse side)

Please list Stepparents, Guardians, or addresses of parents if different from what is already listed:

Name: _____

Address: _____

(Number and street name)

(City, State and Zip Code)

Phone Number including area code: _____

Language spoken at home if not English: _____

*In case of separation or divorce, please provide the most recent court order regarding custody.

Sacramental Information for registering student

	Date	Church	City	State
Baptism	_____	_____	_____	_____
First Penance	_____	_____	_____	_____
First Eucharist	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

Does your child have an Individualized Educational Plan (IEP)? Students who were tested for Learning Disabilities have one of these. _____ Yes _____ No
If yes, please provide a copy of the IEP.

Does your child receive any special services such as Speech, Physical Therapy, Occupational Therapy. _____ Yes _____ No. If yes, please list services _____

If this child has any special needs (academic, physical, social, emotional), please list it here or speak with the principal about the need. _____

Does your child have the required immunizations? _____
If no, please explain _____

If you were referred by a Queen of Angels family, please list the family name here:

Please list other siblings.
Name _____ Age _____
Name _____ Age _____

Official Use only:

Rectory approval _____ **Nurse approval** _____
Date rec'd. _____ **Fee amount** _____ **Check Number** _____