

2020-2021 La Salle Catholic School Registration Form

I/we want to register the following student(s) in La Salle Catholic School for the 2020-21 school year:

1. **Student Name:** _____ Grade for Next Fall: _____
Date of Birth: _____ Sex: M F
2. **Student Name:** _____ Grade for Next Fall: _____
Date of Birth: _____ Sex: M F
3. **Student Name:** _____ Grade for Next Fall: _____
Date of Birth: _____ Sex: M F
4. **Student Name:** _____ Grade for Next Fall: _____
Date of Birth: _____ Sex: M F

Parent/Guardian: _____

Address: _____
(Street Address, P.O. Box, City, State, Zip Code)

Home Phone: (____) _____ **E-Mail Address:** _____

Cell Phone (Father): (____) _____ **Cell Phone (Mother):** (____) _____

Business Phone (Father): (____) _____ **Business Phone (Mother):** (____) _____

Parish (circle the appropriate answer): Holy Cross Holy Trinity-Lux SS Peter & Paul - Sherrill
St. Francis-Balltown St. Joseph-Rickardsville IC- Buenie St. Boniface-NV
SS Peter & Paul - Petersburg St. Clement-Bankston other-please list _____

School District you live in (circle the appropriate answer):
Dubuque Community Schools Ed-Co Clayton Ridge Western Dubuque

In regards to transportation to school, please write the names of all La Salle Catholic School students in the appropriate spaces:

1. These children will take the school bus: _____
2. These children will be driven to school: _____
3. These children will walk to school: _____
4. Comments: _____

If your child(ren) is/are transferring to La Salle Catholic from another school, please provide the following information:

School Last Attended: _____ Phone: (____) _____
Address: _____ Year(s) Attended: _____