



REGISTRATION FORM – GRADES K – 9

STUDENT INFORMATION

Date: _____ Grade Entering: _____ Social Security #: _____
Student's Full Name: _____ D.O.B.: _____ M / F: _____
Home Address: _____ Phone: _____
School Last Attended: _____ Address: _____
Has student had any disciplinary difficulties or problems in prior school? Explain: _____

CHURCH RECORDS

<u>SACREMENTS:</u>	<u>DATE:</u>	<u>CHURCH ATTENDING:</u>
Baptism:	_____	Name: _____
First Confession:	_____	Address: _____
First Holy communion:	_____	_____
Confirmation:	_____	_____

PARENTS INFORMATION

Fathers Name: _____	Mothers Name: _____
Occupation: _____	Occupation: _____
Religion: _____	Religion: _____
U.S. Citizen: YES NO	U.S. Citizen: YES NO
Work Phone: _____	Work Phone: _____

Parental Marital Status (Circle): Single Married Divorced

Child Resides with (Circle): Both Parents Mother Father Other

SPECIAL NEEDS

Physical Disabilities _____

Any other factors affecting childs learning? _____
