

PLEASE CHECK:

ENTERING GRADE LEVEL: \_\_\_\_\_

RETURNING FAMILY

NEW FAMILY

STUDENT NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (NICKNAME)

GENDER:  MALE  FEMALE DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
(CITY) (STATE) (COUNTRY)

HOME ADDRESS: \_\_\_\_\_  
(STREET ADDRESS)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ETHNICITY:  HISPANIC/LATINO  NON-HISPANIC/LATINO

RACE: (CHECK ONE OR MORE)  AMERICAN INDIAN OR ALASKAN NATIVE  ASIAN  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  BLACK/AFRICAN AMERICAN  
 WHITE

REGISTERED PARISH: \_\_\_\_\_

CURRENT SCHOOL DISTRICT: \_\_\_\_\_

My child  WILL  WILL NOT require bus transportation from the local public school district.

CURRENT SCHOOL CHILD ATTENDS: \_\_\_\_\_

\*parent must notify his/her current school for records request transfer to Saint Patrick School

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

FATHER/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(IF SAME AS STUDENT, WRITE "SAME")

RELIGION: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER/GUARDIAN'S NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(IF SAME AS STUDENT, WRITE "SAME")

RELIGION: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

- HOME SITUATION: (CHECK ONE OR MORE)
- |   |  |
|---|--|
| <input type="checkbox"/> TWO BIOLOGICAL PARENTS     | <input type="checkbox"/> MOTHER/STEPFATHER |
| <input type="checkbox"/> FATHER/STEPMOTHER          | <input type="checkbox"/> ONE PARENT        |
| <input type="checkbox"/> PARENTS SEPARATED/DIVORCED | <input type="checkbox"/> FATHER DECEASED   |
| <input type="checkbox"/> MOTHER DECEASED            | <input type="checkbox"/> OTHER             |

PARENTAL RIGHTS (CASE OF SEPARATION OR DIVORCE) PLEASE ATTACH COPY OF COURT ORDER.

- |                   |                                |      |                                 |                                 |                                   |
|-------------------|--------------------------------|------|---------------------------------|---------------------------------|-----------------------------------|
| LEGAL CUSTODY:    | <input type="checkbox"/> JOINT | SOLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> FATHER | <input type="checkbox"/> GUARDIAN |
| PHYSICAL CUSTODY: | <input type="checkbox"/> JOINT | SOLE | <input type="checkbox"/> MOTHER | <input type="checkbox"/> FATHER | <input type="checkbox"/> GUARDIAN |

DOES YOUR CHILD CURRENTLY HAVE AN IEP/504 OR HAS ANY EDUCATIONAL TESTING COMPLETED?  
 YES       NO      IF YES, PLEASE PROVIDE A COPY

RELIGIOUS DOCUMENTS

Complete and provide a certificate copy to the School Office at the time of your Registration. Your registration will not be processed without the documents below. If N/A, please write it below.

- DATE OF BAPTISM/PLACE OF BAPTISM: \_\_\_\_\_
- DATE OF FIRST PENANCE/PLACE OF FIRST PENANCE: \_\_\_\_\_
- DATE OF FIRST EUCHARIST/PLACE OF FIRST EUCHARIST: \_\_\_\_\_
- DATE OF CONFIRMATION/PLACE OF CONFIRMATION: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

DATE