

REGISTRATION FORM

Date: _____

PLEASE PRINT

Application for Grade _____

Student
Last Name _____ First Name _____ Middle Name _____
Address _____
Street and Apt. # _____ City _____ Zip Code _____
Home Telephone Number _____ Gender Male Female
Date of Birth _____ Place of Birth _____
Month / Day / Year _____ City _____ State _____ Country _____
Date of Baptism _____ Church _____ City _____ State _____
Date of Penance _____ Church _____ City _____ State _____
Date of Holy Communion _____ Church _____ City _____ State _____

Father's
Name _____ Place of Birth _____
First Last City State/Country
Father's Residence _____ Religion _____
Street & Apt. City/Zip
Father's Occupation _____ Employer Name/Address _____
Title
Father's Work Phone: _____ Cell Phone: _____

Mother's
Name _____ Maiden Name: _____ Place of Birth _____
First Last City State/Country
Mother's Residence _____ Religion _____
Street & Apt. City/Zip
Mother's Occupation _____ Employer Name/Address _____
Title Name/Address
Mother's Work Phone: _____ Cell Phone: _____

Signature required please continue to reverse side → → → → → → → →

REGISTRATION FORM -CONTINUED

PLEASE PRINT

Student Last Name _____

First Name _____

Legal Guardian's Name _____ Cell Phone: _____

Legal Guardian's Address: _____ Home Phone: _____
Street and Apt. # City Zip Code

Legal Guardian's Place of Work _____ Work Phone _____

Student Ethnicity/Race:

American Indian/Native Alaskan	
Asian or Pacific Islander	
Cambodian	
Chinese	
Korean	
Japanese	
Philippine	
Samoan	
Indian subcontinent	
Black – not of Hispanic Origin	
Afro American	
Cape Verdean	
Dominican	
Ethiopian	
Haitian	
Other	
Hispanic – Spanish Culture	
Mexican	
Puerto Rican	
Cuban	
Central American Spanish	
South American Spanish	
Multi-Racial	
White – not of Hispanic Origin	
Brazil / Portuguese	
Portuguese	
European	
North Africa	
Middle East	

Transfer from: School: _____

City: _____

I accept that the above information is correct and that I will be responsible for all financial obligations if my child is accepted.

Parent _____

(Please sign here that you understand and accept the above)