

ST. PATRICK SCHOOL
REGISTRATION for School Year _____

Office Use Only:	
Immunization Records Rec'd:	<input type="checkbox"/>
Baptismal Records Rec'd:	<input type="checkbox"/>
Contract Signed & Rec'd:	<input type="checkbox"/>
Registration Fees Paid:	<input type="checkbox"/>

Directions: Please complete the following information and return it to the school office. (Please print)

Today's Date: _____ Grade for which you are applying: _____ Referred by: _____

STUDENT INFORMATION

Family Name: _____ Student's Name: _____
Last First Male Female

Student's Current Address: _____
Street City State Zip

Home Phone: _____ Family Email: _____ Religion: Roman Catholic
Other

Date of Birth: _____ Place of Birth: _____ If Catholic: Parish in which you are registered: _____

Nearest public school: _____ Entering St. Pat's from Previous School: _____
Street: _____
City, State, Zip: _____

Sacrament	Sacrament Received:	Location:	Church:	Date:
Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reconciliation	Yes <input type="checkbox"/> No <input type="checkbox"/>			
First Communion	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Ethnic Origin: White Hispanic American Indian Other _____
 African American Asian Pacific Islander

PARENT INFORMATION

Parent #1 Last Name:	First Name	M.I.	Religion	Occupation	Cell#	Email
Parent #2 Last Name:	First Name	M.I.	Religion	Occupation	Cell#	Email

Please check all that applies: Single Parent Family Two Parent Family
Custody of Child Mother Father Both Other (Specify) _____
Is there a Court Order regarding custody or visitation rights? Yes No Does the School have a copy? Yes No
Child lives with: Mother Father Both Other (complete the following below with whom the child resides with)
Full Name: _____ Relationship: _____ Religion: _____ Cell#: _____

Signature: _____ Print Full Name: _____ Relationship to Child: _____