|  |  |
| --- | --- |
| **Child’s Last Name, First, Middle** |  |
| **Gender** |  |
| **Grade for 2017-2018** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Birth Date** |  |
| **City, State, or County of Birth** |  |
| **Child’s Social Security Number** |  |
| **School Previously Attended** |  |

If Catholic, please provide the following information

|  |  |  |  |
| --- | --- | --- | --- |
| **Sacrament** | **Date** | **Church** | **City, State** |
| **Baptism** |  |  |  |
| **Reconciliation** |  |  |  |
| **First Communion** |  |  |  |
| **Confirmation** |  |  |  |

**Family Information**

|  |  |  |
| --- | --- | --- |
|  | **Father** | **Mother** |
| **Name (please provide mother’s maiden name)** |  |  |
| **Address** |  |  |
| **Home Phone Number** |  |  |
| **Cell Phone Number** |  |  |
| **Work Phone Number** |  |  |
| **E-Mail Address** |  |  |
| **Birthplace** |  |  |
| **Religious Affiliation** |  |  |
| **Occupation** |  |  |
| **Marital Status** |  |  |
| **Parent (s)/Family Member with whom the Child Resides for Primary Custody** |  |  |
| **Language Spoken at Home** |  |  |

A copy of the court order regarding legal custody must be on file in the school office.

Please provide any information regarding your child’s medical (glasses, hearing aid, allergies, etc.) needs to the office when registering so that we know the best way to help your child.

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Parent’s Signature