

REGISTRATION FORM FOR NEW STUDENTS

School Name _____ Date _____

Students Full Name _____ SS# _____

Address, City, State & Zip _____

Telephone _____ Grade _____ Students Age _____

Place of Students Birth _____ Date of Birth _____

(City) (State & Zip)

Father _____

(Name) (Religion) (Place of Birth)

Father's Occupation _____

Mother _____

(Full Maiden Name) (Religion) (Place of Birth)

Mother's Occupation _____

Family _____

(Brothers – Older or Younger) (Sisters – Older or Younger)

Student's Baptism _____

(Church) (City) (State & Zip)

Date of Baptism _____

If a transfer student, please fill in the following:

School last attended _____

(Name) (City, State & Zip)

First Holy Communion _____

(Church) (City, State & Zip) (Date)

Confirmation _____

(Church) (City, State & Zip) (Date)