REGISTRATION FORM

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) (Mo.,Day,Yr.)

Father _____
(Name) (Religion) (Place of Birth)

Father's Occupation _____

_____
(Business Name & Address) (Business Telephone)

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

Mother's Occupation _____

_____
(Business Name & Address) (Business Telephone)

Family _____
(Brothers - Older or Younger) (Sisters - Older or Younger)

Baptism _____
(Church) (City) (State, Zip)

Date of Baptism _____

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If a transfer student, please fill in the following:
School last attended _____
(City, State, Zip)

First Holy Communion _____
(Church) (City, State, Zip) (Date)

Confirmation _____
(Church) (City, State, Zip) (Date)