

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 Cell Email
Work Phone: _____ Phone: _____ address: _____

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

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 _____

Legal Guardian's Email Address: _____

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	

Student Spoken Language(s):

English	
Haitian Creole	
Portuguese	
Spanish	
French	
Chinese	
Korean	
Vietnamese	
Other:	

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)