

SAINT CATHERINE OF GENOA PARISH SCHOOL

F-1 Student Registration Form

Date: _____

PLEASE PRINT

Application for Grade _____

Student Information:

(Family) Last Name _____

First Name _____ Middle Name _____

Date of Birth _____ Gender: Male Female
Day/Month/Year

Country of Birth according to birth record: _____

Country of Citizenship according to passport used for entry into the U.S.: _____

Form-I94 Admission Number (If student is already in U.S.): _____

Foreign Address:

House Number: _____

Subdivision or precinct of the city: _____

City Name: _____

Province: _____

Country: _____

U.S. Address:

Address _____
Street and Apt. # City Zip Code

Program Start Date: _____ **Program End Date (Graduation Date):** _____

Passport Number: _____ **Passport Issuing Country:** _____

Passport Expiration Date: _____
Day/Month/Year

Visa Number: _____ **Visa Issuing Country:** _____

Passport Expiration Date: _____
Day/Month/Year

Student Information Continued:

(Family) Last Name _____

First Name _____ Middle Name _____

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

U.S. Address _____
Street and Apt. # City Zip Code

Religion _____ Father's Occupation _____

Employer Name/Address _____

Work Phone: _____ Cell Phone: _____

Mother's Name _____ Maiden Name: _____ Place of Birth _____
First Last City State/Country

U.S. Address _____
Street and Apt. # City Zip Code

Religion _____ Father's Occupation _____

Employer Name/Address _____

Work Phone: _____ Cell Phone: _____

Guardian Name: _____

U.S. Address _____
Street and Apt. # City Zip Code

Occupation _____ Employer Name/Address _____

Work Phone: _____ Cell Phone: _____

Transfer From:

School _____

City/State _____

Non-Refundable Registration Fee: \$100

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)