



Registration Form 2012-2013

Student Information

Last Name: _____

First Name: _____

Middle Name: _____

Social Security Number: _____

Registering for Grade: _____

Parent(s)/Guardian(s) _____

Street _____

City: _____

State: _____

Zip Code: _____

Phone Numbers: Home/Cell _____

Gender: _____

Birth Date: _____

Birthplace: _____

Nickname: _____

Ethnicity: _____

Religion: _____

Date of Baptism: _____

Baptized at which church: _____

Date of first Communion: _____

Received first Communion at which church: _____

Date of first Reconciliation: _____

Received first Reconciliation at which church: _____

Date of Confirmation: _____

Confirmed at which church: _____

Medical Information

Doctor's Name: _____	Treatment for Allergies: _____
Doctor's Phone: _____	Health Problems: _____
Dentist's Name: _____	Treatment for Health Problems: _____
Dentist's Phone: _____	Glasses/Contacts? _____
Preferred Hospital: _____	Medical Ins. Co.: _____
Allergies: _____	Ins. Co. Phone: _____

Parent/Guardian Information

Marital Status: Married Divorced Separated Other _____

Parent (1) Last Name: _____ Work City: _____

Parent (1) First Name: _____ Work State: _____

Home Phone: _____ Work Zip: _____

Cell Phone: _____ E-mail: _____

Work Phone: _____ Parent's Religion: _____

Employer/Occupation: _____ Member of which Church: _____

Work Street Address: _____ Relationship to Student: _____

Parent (2) Last Name: _____ Work City: _____

Parent (2) First Name: _____ Work State: _____

Home Phone: _____ Work Zip: _____

Cell Phone: _____ E-mail: _____

Work Phone: _____ Parent's Religion: _____

Employer/Occupation: _____ Member of which Church: _____

Work Street Address: _____ Relationship to Student: _____

Emergency Information

Persons Authorized to care for child in the event parent cannot be reached. (Please place in order of contact desired):

1st Contact Name: _____ Phone: _____

2nd Contact Name: _____ Phone: _____

3rd Contact Name: _____ Phone: _____