



## Enrollment Registration Form

**Please fill out one form per student.**

Child's Full Name (First, Middle, Last) \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age as of September 1, 2017 \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Circle one: Home Cell Work

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Birth Country of Student \_\_\_\_\_ Ethnicity \_\_\_\_\_ Public School District \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Parent Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow(er) \_\_\_\_\_

If a transfer student: school transferred from \_\_\_\_\_

Does the student have an IEP \_\_\_\_\_ (If so, please include a copy with your registration.)

Child was Baptized at \_\_\_\_\_ Date \_\_\_\_\_

Other Sacraments Received \_\_\_\_\_

### Family Information

Father/ Guardian Name \_\_\_\_\_

Address if different from above \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Employer \_\_\_\_\_

Religion \_\_\_\_\_ Father's Country of Birth \_\_\_\_\_

Mother/ Guardian Name (include maiden name) \_\_\_\_\_

Address if different from above \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Employer \_\_\_\_\_

Religion \_\_\_\_\_ Mother's Country of Birth \_\_\_\_\_

<b>Office Use</b>			
Date Rec: _____	By: _____	Time: _____	AM/PM
Opt. C _____	MSP _____	SMART _____	MC _____