



Father Martin Cioppi (Pastor) Father Jerome Wild (Pastor) Ms. Christine Pagan (Principal)

Enrollment Registration Form (Please fill out one form per student.)

Student's Full Name (First, Middle, Last) _____

Date of Birth _____ Gender ___ Age as of September 1, 2018 _____

Grade _____ Full Day ___ Half Day ___

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 _____ DOB _____ SS# _____

Address if different from above _____

Phone: Mobile _____ Work _____

E-Mail Address _____ Employer _____

Religion _____ Father's Country of Birth _____

Mother/ Guardian Name (include maiden name) _____

DOB _____ SS# _____

Address if different from above _____

Phone: Mobile _____ Work _____

E-Mail Address _____ Employer _____

Religion _____ Mother's Country of Birth _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Office Use			
Date Rec: _____	By: _____	Time: _____	AM/PM
Opt. C _____	MSP _____	FACTS _____	MC _____