

PUPIL REGISTRATION

Pupil's Name _____
Last First Middle

Date of Birth ____/____/____ Grade _____

Religion _____ Are you Hispanic/Latino or of Spanish origin? Y ____ N ____

Select one or more races from the following racial groups:

____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander
____ Asian _____ Black or African American
____ White

FAMILY DATA – Parent or Guardian

Father _____ Mother _____ Maiden Name _____

Address _____ Address _____

If Father School _____ If Mother School _____
Alumnus Alumnus
Year of Graduation _____ Year of Graduation _____

Day Phone _____ Day Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Employer Phone _____ Employer Phone _____

Home Phone _____ Home Phone _____

Email _____ Email _____

Religion _____ Religion _____

Stepfather _____ Stepmother _____

Day Phone _____ Day Phone _____

Parents' Marital Status: Married ____ Single ____ Widowed ____ Separated ____ Divorced ____ Remarried ____

If parents cannot be reached, contact: _____ Phone _____

_____ Phone _____

_____ Phone _____

Family Physician: _____ Phone _____

Family Dentist _____ Phone _____

(Over)

List any health information related to your child, including allergies and medication:

**COMPLETE THE FOLLOWING INFORMATION
IF THE STUDENT IS ENTERING THIS SCHOOL FOR THE FIRST TIME:**

Place of Birth _____
City State

BAPTISM

FIRST COMMUNION

CONFIRMATION

Date _____

Parish _____

City _____

School Last Attended _____
School City State