



# STUDENT REGISTRATION 2024-2025 SCHOOL YEAR

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Address: \_\_\_\_\_

Middle Name: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Gender :  Male  Female      Grade Level : \_\_\_\_\_

### PRE-K3:

### PRE-K4:

- 5 Full Days     3 Full Days
- 5 Half Days    3 Half Days

- 5 Full Days     3 Full Days
- 5 Half Days     3 Half Days

Current Parish: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

City/State of Birth: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Communion Date: \_\_\_\_\_

Baptism Church: \_\_\_\_\_ Communion Church: \_\_\_\_\_

Baptism City/State: \_\_\_\_\_ Communion City/State: \_\_\_\_\_

### Father/Parent/Guardian 1

### Mother/Parent/Guardian 2

Name: _____	Name: _____
Address: _____	Address: _____
Cell Phone: _____	Cell Phone: _____
Email _____	Email _____
Occupation: _____	Occupation: _____

**\$125.00 Non-Refundable Registration Fee Due with this form\***

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_