

**ST. MARY'S CATHOLIC SCHOOL
NEW STUDENT REGISTRATION FORM**

NAME _____
 Last First Middle M / F

PLACE OF BIRTH _____ DATE OF BIRTH _____

CHILD'S SOC-SEC-NUMBER _____

CHILD'S RELIGION _____

BAPTISMAL
DATE _____ CHURCH _____ CITY/STATE _____

FIRST EUCHARIST
DATE _____ CHURCH _____ CITY/STATE _____

CONFIRMATION
DATE _____ CHURCH _____ CITY/STATE _____

DATE ENTERING SCHOOL _____ GRADE ENTERED _____

TRANSFERRED FROM _____
 Name of School City State

HOME
ADDRESS _____
 Street City State

HOME PHONE _____ MOBILE PHONE _____

CHILD RESIDES WITH _____ BOTH PARENTS _____ MOTHER _____ FATHER _____ GUARDIAN

FATHER'S NAME _____

_____ SEPARATED _____ REMARRIED _____ DECEASED

RELIGION _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

MOTHER'S NAME and MAIDEN NAME _____

_____ SEPARATED _____ REMARRIED _____ DECEASED

RELIGION _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

NUMBER OF CHILDREN IN FAMILY _____ BOYS _____ GIRLS _____ RANK OF CHILD _____

PHYSICIAN _____ PHONE _____

DENTIST _____ PHONE _____