

**St. Patrick Catholic School
2011 – 2012 Student Registration Application
Kindergarten – Grade 8**

Student Information

Grade Entering _____

Student's Full Name _____
Street Address _____
City/State/Zip _____ **Home #** _____
Student's Social Security Number _____
Family E-Mail Address _____
Date of Birth _____ **Sex** _____
Place of Birth _____ **Religion** _____
Last School Attended _____
School Address _____
Baptism Date _____ **Name of Church and Address** _____
Holy Communion Date _____ **Name of Church and Address** _____

Please list any pre-school children not presently enrolled at St. Patrick Catholic School:

Parent/Guardian Information

Pupil lives with (check the correct box)		Both parents? <input type="checkbox"/>	Father? <input type="checkbox"/>	Mother? <input type="checkbox"/>	Guardian? <input type="checkbox"/>
FATHER'S NAME <input type="checkbox"/> Living <input type="checkbox"/> Deceased First MI Last St. Patrick Alumni YES <input type="checkbox"/> NO <input type="checkbox"/>		Father's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Father's Religion			
Father's Home Address Father's employer's name and address		Father's Work Phone Number Father's Cell Phone Number			
MOTHER'S NAME <input type="checkbox"/> Living <input type="checkbox"/> Deceased First Maiden Last St. Patrick Alumni YES <input type="checkbox"/> NO <input type="checkbox"/>		Mother's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Mother's Religion			
Mother's Home Address Mother's employer's name and address		Mother's Work Phone Number Mother's Cell Phone Number			
NON-CUSTODIAL PARENT'S NAME AND ADDRESS		Non-Custodial Parent Work Phone Number Non-Custodial Parent Phone number Home			
Does your family practice the Catholic Faith by participating at Mass every Sunday YES <input type="checkbox"/> NO <input type="checkbox"/>					Parish envelope # _____
Name of Church where registered _____					Date Joined Parish _____
If not of the Catholic Faith, what is the name and denomination of the Church in which you worship God?					
Has your child been tested for special learning needs since your last application? If yes, submit a copy of the evaluation and the date of that evaluation.					
Has your child been diagnosed with special learning needs since your last application?					
SELECT PAYMENT PLAN: (indicate choice) Payment in full August 1 <input type="checkbox"/> Ten monthly payments to <input type="checkbox"/>					
I certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying application and/or dismissal from school.					
MOTHER'S SIGNATURE _____			DATE _____		
FATHER'S SIGNATURE _____			DATE _____		
The NCEA request the following information for statistical purposes. Please circle all that apply. Ethnicity: Asian, American Indian/Native Alaskan, Black/African American, Hispanic, Native Hawaiian/ Pacific Islander, White and Multi-racial					