

**St. Patrick Catholic School  
2012 – 2013 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"/>
<b>FATHER'S NAME</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased <b>First</b> <b>MI</b> <b>Last</b> St. Patrick Alumni YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Father's Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <b>Father's Religion</b>			
<b>Father's Home Address</b> <b>Father's employer's name and address</b>		<b>Father's Work Phone Number</b> <b>Father's Cell Phone Number</b>			
<b>MOTHER'S NAME</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased <b>First</b> <b>Maiden</b> <b>Last</b> St. Patrick Alumni YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>Mother's Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <b>Mother's Religion</b>			
<b>Mother's Home Address</b> <b>Mother's employer's name and address</b>		<b>Mother's Work Phone Number</b> <b>Mother's Cell Phone Number</b>			
<b>NON-CUSTODIAL PARENT'S NAME AND ADDRESS</b>		<b>Non-Custodial Parent Work Phone Number</b> <b>Non-Custodial Parent Phone number</b> <span style="float:right"><b>Home</b></span>			
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?					
<b>SELECT PAYMENT PLAN:</b> (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 _____		
<b>The NCEA request the following information for statistical purposes. Please circle all that apply.</b> <b>Ethnicity: Asian, American Indian/Native Alaskan, Black/African American, Hispanic, Native Hawaiian/ Pacific Islander, White and Multi-racial</b>					