

St. Patrick Catholic School
2016 – 2017 Student Registration Application
Kindergarten – Grade 8

Family Name _____

Student's Name _____ **D/O/B** _____ **SS#** _____

Baptism Date _____ **Name of Church and Address** _____

Holy Communion Date _____ **Name of Church and Address** _____

Student's Name _____ **D/O/B** _____ **SS#** _____

Baptism Date _____ **Name of Church and Address** _____

Holy Communion Date _____ **Name of Church and Address** _____

Student's Name _____ **D/O/B** _____ **SS#** _____

Baptism Date _____ **Name of Church and Address** _____

Holy Communion Date _____ **Name of Church and Address** _____

Student's Name _____ **D/O/B** _____ **SS#** _____

Baptism Date _____ **Name of Church and Address** _____

Holy Communion Date _____ **Name of Church and Address** _____

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 Home Phone number	
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					

