

Pre-registration Form

Student Information

Student's Name: _____
Student's Social Security # _____ Date of Birth _____
Date of Baptismal _____ Church _____ City/St _____
Date of Communion _____ Church _____ City/St _____
Last School Attended _____ Date _____

Family Information

Mother's Name _____ Social Security # _____
Employer _____ Employer's Telephone _____
Father's Name _____ Social Security # _____
Employer _____ Employer's Telephone _____
Complete Home Address _____
Home Telephone _____ Daytime Telephone _____
Religion _____ Name of Church _____

Grade Level

Circle One: PK3 PK4 K 1st 2nd 3rd 4th 5th 6th 7th 8th

PK3 & PK4 Only: All day M-F Part time (3 days) please specify _____

For Office Use Only:

Date: _____

- Registration Form Emergency Card
 \$25 Pre-Registration Fee Pick-up list
 Birth Certificate Social Security Card
 Immunization Record Baptismal Certificate

Monthly Tuition:
