

**NEW STUDENTS
REGISTRATION FOR ST. LOUIS SCHOOL**

Office Use Only: Transfer of Records Sent: <input type="checkbox"/> Date: _____

Date _____ Grade _____ Supplemental Kindergarten _____ Home Phone _____
Preschool (age 3) Pre K (age 4) – Grade 8 Tues./Thurs. (Kindergarteners Only) - yes/no

Student _____
last first (nickname) middle

Address _____
street city zip

Email Address: _____ Cell Phone: _____

Race _____ Female _____ Male _____ Religion _____

Birthdate _____ Birthplace: City/State _____

School Student Last Attended _____ Address _____

Public School District in which student's home is located: _____

Name of Father _____
____ Birth Father ____ Stepfather ____ Guardian ____ Deceased City and State of Birth _____

Occupation _____ Religion _____

Marital Status _____ Education _____

Name of Mother (Maiden & Married) _____
____ Birth Mother ____ Stepmother ____ Guardian ____ Deceased City and State of Birth _____

Occupation _____ Religion _____

Marital Status _____ Education _____

Name of Stepfather/Stepmother (custodial) _____ (Non Custodial) _____

Child lives with: ____ Mother & Father ____ Father Only ____ Mother Only ____ Step-Father & Mother
____ Father & Step-Mother ____ Other

List Brothers & Sisters:	Name	Grade	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Religion _____ Parish Parent's Currently Attending _____

Sacraments the above named child has received:

<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>City, State</u>
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Reconciliation	_____	_____	_____
Confirmation	_____	_____	_____

Has this child any serious health afflictions of which the school should be made aware? Yes _____ No _____
If yes, please describe condition _____

Parent or Guardian Signature _____