



St. Patrick School Registration Form

Grade: _____ Registering for School Year: 20____ - 20____

Child's Name: _____ Sex: M F
Last First Middle

Address: _____
Street City Zip

Phone: (____) _____ Religion: Catholic Other: _____

Registered Parish: _____ Email Address: _____

Place of Birth: _____ Date of Birth: _____

Date of Baptism: _____ Church: _____ City: _____

Date of First Communion: _____ Church: _____ City: _____

Nationality: _____ Primary Language at Home: _____

Last School Attended: _____ City: _____

Father's Name: _____ Occupation _____ Place of Birth: _____

Residence: _____ Religion: _____

Mother's Maiden Name: _____ Occupation _____ Place of Birth: _____

Residence: _____ Religion: _____

Guardian's Name: _____ Place of Birth: _____

Residence: _____ Religion: _____

Has your child ever been evaluated and/or received services for any learning disability? YES ___ NO ___
If YES, please explain: _____

Is your child presently taking any medication? YES: ___ NO ___ (If Yes, Clarify) _____

FOR OFFICE USE ONLY

Birth Certificate: _____ Baptismal Certificate: _____ Registration Fee: _____
(Non Refundable)

Date of Admission: _____ Grade: _____