

**2010-2011
New Student PRE-Registration Form**

Date of Pre-Registration _____

Child's Name _____ Social Security Number _____

Child's Home Address _____
Street City State Zip

Telephone Number () _____ Cell Phone Number _____

Date of Birth _____ Place of Birth _____
City State

Date of Baptism _____
Church of Baptism _____ Church Address _____

Student's Current Parish Affiliation _____

Name of School District in which child resides: _____

Mother's Full Name _____ <small>(Please include maiden name)</small>
Address if different than above _____
Mother's Status: Married Single Separated Divorced Deceased <small>Please circle one</small>
Mother's Parish Affiliation (if different than above) _____
Parish Address _____
Father's Full Name _____
Address if different than above _____
Father's Status: Married Single Separated Divorced Deceased <small>Please circle one</small>
Father's Parish Affiliation (if different than above) _____
Parish Address _____
If divorced/separated, with whom does the child reside?

Parent Signature