

**REGISTRATION FORM ~ Kindergarten – Grade 8**

**Please list parent information exactly as you would like it printed in our school directory**

Mr. Dr. Father’s Last Name Father’s First Name & Initial Home phone

Street City Zip Code

Father’s Occupation Place of Employment Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address Cell phone/Pager

Ms. Mrs. Dr. Mother’s Last Name Mother’s First Name & Initial Home phone

Street City Zip Code

Mother’s Occupation Place of Employment Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address Cell phone/Pager

With whom does child reside? Multiple Family Household? Yes No

RELIGIOUS AFFILIATION PARISH IN WHICH REGISTERED

FIRST/MIDDLE/LAST SOCIAL SECURITY GRADE IN SEPT. 2021 BIRTH DATE

NAME OF STUDENT NUMBER Kindergarten students **MUST**  be

5 years old by September 1, 2021

LAST SCHOOL ATTENDED DATES (FROM TO )

ADDRESS OF SCHOOL

**IT IS IMPORTANT THAT BOTH SIDES OF THIS FORM BE COMPLETED.**

EMERGENCY INFORMATION

In case of accident or serious illness I request the school contact me. If the school cannot reach me, I hereby authorize the school to contact the physician indicated below. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.

Parent/Guardian Signature

Physician’s Name Phone

Dentist’s Name Phone

In the event of an EMERGENCY every attempt will be made to contact the parents/guardians. At other times, such as during a severe snowstorm, it may be desirable for you to allow release of your child(ren) before the end of the school day, without the school attempting to contact you. Please list below those persons (a relative, neighbor, friend, Gabriel Richard student, etc.) to whom the school may release your child(ren) in such a circumstance:

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

MEDICAL REMARKS AND RECOMMENDATIONS: Is there anything about this pupil’s condition that will or might interfere with his/her school activity? If so, please specify:

This information will be shared with appropriate staff.

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| --- | --- | --- |
| ETHNIC BACKGROUND | Catholic | Non-Catholic |
| Black |  |  |
| American Indian |  |  |
| Asian |  |  |
| Caucasian |  |  |
| Hispanic |  |  |
| Multi Ethnic |  |  |
| Pacific Islander |  |  |
| All others |  |  |

**Primary language spoken at home if**

**not English\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This information is requested for national statistical census purposes only.

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