

ST. LOUIS SCHOOL REGISTRATION FORM

STUDENT DATA

Name _____

Last First M

Birthdate _____

Social security number _____

Religion _____

Parish (Church) _____

Male _____ Female _____

Lives _____ Mother _____ Father _____ Both _____ Other _____

Street Address _____

City, State, Zip _____

Phone _____

Public School Attendance Area: _____

_____ Louisville _____ E. Canton _____ Other _____

Name of Public School child would attend if not at St. Louis _____

SACRAMENTAL RECORD

	Date	Parish	City
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Reconciliation	_____	_____	_____
Confirmation	_____	_____	_____

Grade Level at Entrance _____ K, 1, 2, 3, 4, 5, 6, 7, 8,

Date Entered _____

Date Withdrawn _____

Date Reentered _____

Date Withdrawn _____

Grade level at Withdrawal _____

PARENTS/GUARDIAN DATA

Father _____

last first

Marital Status M D W

Address (if different than child) _____

Birthdate _____ Location _____

Occupation _____

Place of Employment _____

Business Phone _____

Religion _____

Parish (Church) _____

Mother _____

last first

Maiden Name _____

Marital Status M D W

Address (if different than child) _____

Birthdate _____ Location _____

Occupation _____

Place of Employment _____

Business Phone _____

Religion _____

Parish (Church) _____

OVER

Registration Form - page 2

Please list the names and ages of other children in the family:

NAME	AGE	BIRTHDATE	SCHOOL ATTENDING (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR OFFICE USE ONLY:

BIRTH CERTIFICATE

BAPTISMAL CERTIFICATE

IMMUNIZATION RECORDS