St. Paul the Apostle School Registration Form

Today's Date:_____ Entering Grade(2009-2010):_____

Student's Name:_____
Last First Middle Preferred Name

Home Address: _____
Street Address City State Zip Code

Home Phone:_____Religion:_____

Date of Birth_____ Age _____Sex_____ Ethnicity(optional)_____

Child Resides with ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Parents are ☐ Married ☐ Divorced

If parents are divorced, who should receive school communications? ☐ Mother ☐ Father ☐ Both

School last attended, Address, and number of years attended:

_____

Please list names of siblings below:

Name _____Age _____Current School_____

Name _____Age _____Current School_____

Name _____Age _____Current School_____

Name _____Age _____Current School_____

Are you a member of St. Paul the Apostle Church (officially registered and contributing? _____Yes _____No

Family Information

Father/Guardian 1

Title ☐Dr. ☐Mr. ☐Mrs. ☐Other_____

Name: _____

Home Address_____
(If different from student)

_____
City State Zip

Religion_____ Parish_____

Home Phone_____

Cell Phone_____

Business Name_____

Position_____

Bus. Address_____

Email Address_____

Mother/Guardian 2

Title ☐Dr. ☐Mr. ☐Mrs. ☐Other_____

Name: _____

Home Address_____
(If different from student)

_____
City State Zip

Religion_____ Parish_____

Home Phone_____

Cell Phone_____

Business Name_____

Position_____

Bus. Address_____

Email Address_____

Birth Certificate____
Baptismal Certificate____
Immunization____
AMT Received____

Background Check____
New Family Mentor___
PDS_____RW_____
Check#_____

Report Card____
Standardized Test____

Credit Card_____