CONFIDENTIAL REGISTRATION FORM GRADES K TO 10

Subject to approval

NAME:			BIRTH DATE:		
ADDRESS:			HOME PH #:		
			WORK PH#:		
E-MAIL ADDRESS:			CELL PH#:		
GRADE ENTERING 20	16/2017 SCHOOI	YEAR:			
	DATE		CHURCH	CITY/STATE	
BAPTISM:					
FIRST COMMUNION:					
RECONCILIATION:					
CONFIRMATION:					
MASS ATTENDANCE (Please of	ircle): WEEK	LY MONTH	LY HOLIDAYS	ONLY NEVER	
FATHER'S NAME:			RELIGION:		
MOTHER'S NAME (FIRST & N	1AIDEN):			·	
MOTHER'S RELIGION:					
CHURCH OF MARRIAGE:					
CHECK IF IT APPLIES TO YOU LEARNING DISABILITE READING HYPERACTIVE ALLERGIES	UR CHILD. TIES OTHE	HEAR	SPEECH ING IMPAIRED ATTENTION DE ASTHMA		SE
PLEASE EXPLAIN:					
Amendment with respect to the the non-custodial parent with u given, it is the responsibility of	e rights of non-cu mofficial copies o the custodial par y a restraining on	stodial parents. In f records. If there ent to provide the rder against your	n the absence of a co e is a court order sp e catechetical leader spouse, we will need	es by the provisions of the Buckley ourt order to the contrary, we will proveifying that there is to be no information with an official copy of the court order a copy of that part only that shows a NO	ation ler.
	O YOU RECEIV	E ENVELOPES?	YES NO _		
FOR OFFICE USE ONLY:	FEE PAID:	YESNO		_ CASH OR CHECK	