

# SAINT OLAF CATHOLIC SCHOOL REGISTRATION FORM

Date: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: Caucasian \_\_ African American \_\_ Asian \_\_ Native American \_\_ Hispanic \_\_ Other \_\_

Student lives with (circle one): PARENTS FATHER MOTHER GUARDIAN

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address for school correspondence: \_\_\_\_\_

Is student baptized Catholic? \_\_\_\_\_ If yes, what Parish? \_\_\_\_\_

If not, please specify religion: \_\_\_\_\_

Has student received First Holy Communion? \_\_\_\_\_ If yes, what Parish? \_\_\_\_\_

Please list Parish you are registered with: \_\_\_\_\_

Siblings / Name and year of birth: \_\_\_\_\_

\_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

School last attended with address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

List health factors of student: (critical allergies, ailments, etc.) \_\_\_\_\_

\_\_\_\_\_

Medications Required: \_\_\_\_\_

(IF ANY medication is required at school, please obtain Medical form from secretary.)

Will this student need Extended Day Program daily? Daily \_\_\_\_\_ Part time \_\_\_\_\_ No \_\_\_\_\_

OVER PLEASE

## PARENT INFORMATION

Marital Status: Married \_\_\_\_ \*Divorced \_\_\_\_ Single \_\_\_\_ Other \_\_\_\_

\*Note if Divorced: You must submit documentation to the school regarding CUSTODY and/or any restrictions the court placed on either parent.

PARENT / GUARDIAN Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address if different from student: \_\_\_\_\_

Telephone if different from student: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

(Spouse name if remarried): \_\_\_\_\_

PARENT / GUARDIAN Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address if different from student: \_\_\_\_\_

Telephone if different from student: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

(Spouse name if remarried): \_\_\_\_\_

Signature: \_\_\_\_\_