

ENROLLMENT FORM

School Name _____

Date _____ Grade _____

School Address _____

Parish Enrollment _____

Student's Legal Name _____

Residential Address _____
 Last _____ First _____ Middle _____ Sex _____ Date of Birth _____ Place: City _____ State _____
 Street _____ City _____ State _____ Zip _____ Phone _____

Previous School _____
 Name _____ Address (if not local) _____ City _____ State _____ Zip _____

Student lives with: Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____
 Legal Guardian(s) _____ Relatives _____ Grandparents _____ Other _____

STUDENT'S RELIGION _____

Baptism: Date _____ Church _____ City _____ State _____ Zip _____
 Communion: Date _____ Church _____ City _____ State _____ Zip _____
 Confirmation: Date _____ Church _____ City _____ State _____ Zip _____

LIST ALL CHILDREN IN FAMILY (PLACE * IN FRONT OF THIS CHILD'S NAME)

- Oldest
- | | | | |
|---------------|-----------|---------------|-----------|
| 1. Name _____ | Age _____ | 5. Name _____ | Age _____ |
| 2. Name _____ | Age _____ | 6. Name _____ | Age _____ |
| 3. Name _____ | Age _____ | 7. Name _____ | Age _____ |
| 4. Name _____ | Age _____ | 8. Name _____ | Age _____ |

MEDICAL ALERT: _____

IN CASE OF EMERGENCY, NOTIFY _____
 Name _____ Address _____ Phone _____

FAMILY PHYSICIAN: _____
 Name _____ Address _____ Phone _____