

SAINT OLAF CATHOLIC SCHOOL REGISTRATION FORM

Date: _____ Grade applying for: _____

Will this student need EXTENDED DAY PROGRAM: Daily ____ Part time ____ No ____

Student Name: _____ Male / Female
Last First Middle

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 _____

County: _____ Telephone: _____

E-Mail 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.) 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.**

FATHER/GUARDIAN Information:

Last Name: _____ First: _____ Middle: _____

Address if different from student: _____

Telephone if different from student: _____

Religion: _____

Occupation: _____ Employer: _____

(Spouse name if remarried): _____

MOTHER/GUARDIAN Information:

Maiden Name: _____ First: _____ Middle: _____

Address if different from student: _____

Telephone if different from student: _____

Religion: _____

Occupation: _____ Employer: _____

(Spouse name if remarried): _____

Signature: _____