

SAINT OLAF CATHOLIC SCHOOL REGISTRATION FORM

Date: _____ Grade applying for: _____

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

Student Name: _____ Male/Female

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.)

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:

Last Name: _____ First: _____ Middle: _____

Address if different from student: _____

Telephone if different from student: _____

Religion: _____

Occupation: _____ Employer: _____

(Spouse name if remarried): _____

Signature: _____