



St. Paul the Apostle School Registration Form



Today's Date: _____

Entering Grade _____

Student's Name: _____

Last

First

Middle

Preferred Name

Home Address: _____

Street Address

City

State

Zip Code

Home Phone: _____ Religion: _____

Date of Birth _____ Age _____ Sex _____ Ethnicity(optional) _____

Child Resides with Both Parents Mother Father Guardian

Parents are Married Divorced

If parents are divorced, who should receive school communications? Mother Father Both

School last attended, Address, and number of years attended:

Please list names of siblings below:

Name _____ Age _____ Current School _____

Name _____ Age _____ Current School _____

Name _____ Age _____ Current School _____

Name _____ Age _____ Current School _____

Are you a member of St. Paul the Apostle Church (officially registered and contributing)? Yes No

Family Information

Father/Guardian 1

Mother/Guardian 2

Title Dr. Mr. Mrs. Other _____

Title Dr. Mr. Mrs. Other _____

Name: _____

Name: _____

Home Address _____

Home Address _____

(If different from student)

(If different from student)

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Religion _____ Parish _____

Religion _____ Parish _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Business Name _____

Business Name _____

Position _____

Position _____

Bus. Address _____

Bus. Address _____

Email Address _____

Email Address _____

Birth Certificate _____
Baptismal Certificate _____
Immunization _____
AMT Received _____

Background Check _____
New Family Mentor _____
PDS _____ RW _____
Check# _____

Report Card _____
Standardized Test _____
Credit Card _____