

ST. FRANCIS CATHEDRAL SCHOOL REGISTRATION

Date of Registration _____

CHILD'S NAME _____ GRADE AS OF 9/10 _____

Age Requirement for Kindergarten: Child must be 5 years old on or before October 1, 2010.

STUDENT ADDRESS _____
Number and Street City/Town Zip Code

TELEPHONE # (_____) _____ SEX _____ DATE OF BIRTH _____
Month Day Year

RELIGION _____ COUNTRY/STATE OF BIRTH _____ CITIZEN OF _____

ETHNIC ORIGIN: White - Black - Hispanic - American Indian - Asian - Pacific Island - Multi-Racial - Other
Please circle the child's Ethnic Origin

CHILD RESIDES WITH: Both Parents - Mother - Father - Mother & Stepfather - Father & Stepmother - Guardian - Grandparents
Please circle

PUBLIC SCHOOL DISTRICT _____

TRANSPORTATION: CAR - WALKER - BUSSED _____ REIMBURSED _____
Please Circle Town of Town of

MOTHER _____ Living? Yes / No Religion _____
First Maiden

FATHER _____ Living? Yes / No Religion _____
First Last

HOME STATUS: Married - Separated - Divorced - Widowed - Remarried Mother - Remarried Father - Single
Please Circle

CONTRIBUTOR AND REGISTERED PARISHIONER OF _____

PARENTAL RIGHTS IN CASE OF SEPARATION/DIVORCE _____
(Please include a copy of the court order mandating custody of child)

EMERGENCY PHONE # (_____) _____ - _____ AND CONTACT NAME: _____

MOTHER WORK # (_____) _____ - BEEPER#(_____) _____ - CELLULAR#(_____) _____ - _____

FATHER WORK # (_____) _____ - BEEPER#(_____) _____ - CELLULAR#(_____) _____ - _____

STEPMOTHER _____ STEPFATHER _____

GUARDIAN _____ RELIGION _____ RELATIONSHIP TO CHILD _____

----- SACRAMENTAL HISTORY -----

Baptism - Church _____ Date ____/____/____ Verified? Yes No
Street _____ City _____ State _____ Zip _____

First Penance - Church _____ Date ____/____/____ Verified? Yes No
Street _____ City _____ State _____ Zip _____

First Eucharist - Church _____ Date ____/____/____ Verified? Yes No
Street _____ City _____ State _____ Zip _____

Confirmation - Church _____ Date ____/____/____ Verified? Yes - No
Street _____ City _____ State _____ Zip _____

LANGUAGE SPOKEN AT HOME OTHER THAN ENGLISH _____

MOTHER'S PLACE OF BIRTH _____

MOTHER'S OCCUPATION _____

PLACE OF EMPLOYMENT _____

FATHER'S PLACE OF BIRTH _____

FATHER'S OCCUPATION _____

PLACE OF EMPLOYMENT _____

LIST SEPARATELY ALL CHILDREN IN YOUR FAMILY WHO ATTEND ST. FRANCIS.

NUMBER OF CHILDREN IN ST. FRANCIS CATHEDRAL SCHOOL _____

*ATTACH SHEET FOR ADDITIONAL CHILDREN:

NAME _____ GRADE _____ SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NAME _____ GRADE _____ SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NAME _____ GRADE _____ SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

FOR SCHOOL OFFICE ONLY

MIDDLESEX COUNTY EDUCATIONAL SERVICES: COMP-ED _____ MATH _____

WRITING _____ SUPPLEMENTAL INSTRUCTION _____ ESL _____ SPEECH _____

TUITION RATE: _____ OPTION I _____ OPTION II _____ OPTION III _____

REGISTRATION FEE & DATE PAID _____

PRINCIPAL'S APPROVAL _____
