



ST. FERDINAND SCHOOL REGISTRATION FORM | 2019-20 SCHOOL YEAR

THERE IS A \$100 NON-REFUNDABLE REGISTRATION FEE PER FAMILY
TUITION CONTRACTS NEED TO BE SIGNED BEFORE REGISTRATION AND ENROLLMENT IS FINAL

OFFICE USE ONLY:

REGISTRATION DATE: _____ START DATE: _____ FEE RECEIVED: _____ GRADE: _____

REGISTERED ST. FERDINAND PARISHIONER: _____ YES ST. FERDINAND ENVELOPE #: _____
_____ NO PARISH FAMILY BELONGS TO: _____

STUDENT INFORMATION:

(NAME) (GRADE ENTERING) (SEX)

(RELIGION) (PLACE OF BIRTH) (DATE OF BIRTH)

(ADDRESS) (CITY/STATE) (ZIP)

(ALLERGIES/OTHER MEDICAL CONDITIONS)

PLEASE CHECK THE CATEGORY THAT PERTAINS TO YOUR CHILD:

- ___ **NATIVE AMERICAN:** Having origins in any of the Indian peoples of North America, including Alaska-American Indians only.
- ___ **ASIAN:** Having origins in any of the peoples of the Far East, Southeast Asia or the Pacific Island; for example, China, Japan, Philippines, Korea, Samoa, Vietnam.
- ___ **BLACK NON-HISPANIC:** Having origins in any black racial group, not any Spanish speaking.
- ___ **HISPANIC:** Of any Spanish-speaking culture or origin, regardless of race; for example, Mexico, Puerto Rico, Cuba, Central/South America.
- ___ **WHITE NON-HISPANIC:** Of European, Mediterranean and Middle East cultures.
- ___ **BI-RACIAL:** Of two distinct races; for example, Asian/White, Black/White, Asian/Black.

	DATE	CHURCH WHERE SACRAMENT WAS PERFORMED	CITY/STATE/COUNTRY
BAPTISM			
RECONCILIATION			
1 ST COMMUNION			
CONFIRMATION			

CLOSEST PUBLIC SCHOOL:

(NAME OF SCHOOL)

SCHOOL LAST ATTENDED (INCLUDES PRESCHOOL & KINDERGARTEN):

(NAME OF SCHOOL)

(ADDRESS) (CITY/STATE) (ZIP)

PARENT / GUARDIAN #1:

(NAME)	(RELATIONSHIP)	(RELIGION)
(ADDRESS)	(CITY/STATE)	(ZIP)
(PHONE NUMBER)	(PRIMARY EMAIL)	
(OCCUPATION)	(WORK NUMBER)	

PARENT / GUARDIAN #2:

(NAME)	(RELATIONSHIP)	(RELIGION)
(ADDRESS)	(CITY/STATE)	(ZIP)
(PHONE NUMBER)	(PRIMARY EMAIL)	
(OCCUPATION)	(WORK NUMBER)	

SCHOOL CORRESPONDENCE WILL GO TO: _____

STUDENT LIVES WITH:

_____ BOTH _____ PARENT/GUARDIAN#1 _____ PARENT/GUARDIAN #2 _____ OTHER: _____

BROTHERS/SISTERS:

(NAME)	(AGE)
(NAME)	(AGE)

MISCELLANEOUS INFORMATION:

LANGUAGE SPOKEN AT HOME: (CHECK ALL THAT APPLY)

_____ ENGLISH _____ SPANISH _____ POLISH _____ OTHER: _____

NAME ON FACTS ACCOUNT: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____