



STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION ENTIRELY:

PARENT/PRIMARY LEGAL GUARDIAN of STUDENT:		LAST NAME	FIRST NAME
STUDENT PHYSICAL STREET ADDRESS: Street, City, State, Zip		STUDENT FULL MAILING ADDRESS:	
STUDENT HOME TELEPHONE NUMBER: ()		STUDENT Emergency 1st Contact PHONE # Name of Emergency Contact:	

COMPLETE BELOW FOR ALL STUDENTS RETURNING

1ST (Oldest) : LAST NAME, FIRST MI	Grade:	DATE OF BIRTH/CITY
STUDENT(S) LIVES WITH:	SOCIAL SECURITY #	COPY OF SS CARD: YES NO

STUDENTS RELIGION: _____ CATHOLIC In Parish _____ Envelope # _____ NON CATHOLIC _____ CATHOLIC Out of Parish/All Non Envelope	DATE OF BAPTISM:	1ST COMMUNION (Date, Church, City, State)
NAME OF CHURCH:		

STUDENT IDENTITY (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Two or more race <input type="checkbox"/> Native American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Island Pacific	IS STUDENT TAKING REGULAR MEDICATIONS? YES - NO STUDENT RECEIVED SERVICES THROUGH SBLC OR 504 YES - NO	BIRTH CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN BAPTISM CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN
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2ND CHILD FULL NAME:	DATE OF BIRTH:
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GRADE:	STUDENT'S RELIGION: (Check One) _____ CATHOLIC In Parish _____ NON CATHOLIC _____ CATHOLIC Out of Parish	SOCIAL SECURITY #	LOCATION OF BIRTH:
		Copy of SS Card YES NO	

BIRTH CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN	1ST COMMUNION (Date, Church, City, State)	DATE OF BAPTISM:	BAPTISM CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN
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STUDENT IDENTITY (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Two or more race <input type="checkbox"/> Native American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Island Pacific	IS STUDENT TAKING REGULAR MEDICATIONS? YES - NO STUDENT RECEIVED SERVICES THROUGH SBLC OR 504 YES - NO
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3RD CHILD FULL NAME:	DATE OF BIRTH:
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GRADE:	STUDENT'S RELIGION: (Check One) _____ CATHOLIC In Parish _____ NON CATHOLIC _____ CATHOLIC Out of Parish	SOCIAL SECURITY #	LOCATION OF BIRTH:
		Copy of SS Card YES NO	

BIRTH CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN	1ST COMMUNION (Date, Church, City, State)	DATE OF BAPTISM:	BAPTISM CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN
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STUDENT IDENTITY (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Two or more race <input type="checkbox"/> Native American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Island Pacific	IS STUDENT TAKING REGULAR MEDICATIONS? YES - NO STUDENT RECEIVED SERVICES THROUGH SBLC OR 504 YES - NO
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DATE REGISTRATION RECEIVED	RETURNING: CATHOLIC-IN PARISH CATHOLIC-Non Envelope Users NON CATHOLIC NEW STUDENT: CATHOLIC-IN PARISH CATHOLIC-Non Envelope Users NON CATHOLIC	# OF STUDENTS ENTERING:	TUITION Amt Due:
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PARENT / LEGAL GUARDIAN INFORMATION

Mater Dolorosa Catholic School



FATHER / PRIMARY LEGAL GUARDIAN INFORMATION

FATHER'S/Legal Guardian		LAST NAME	FIRST NAME
FATHER'S / NAME OF EMPLOYER		OCCUPATION	EMPLOYER ADDRESS, PHONE #
FATHER'S RELIGIOUS IDENTITY : (Check One) ___CATHOLIC In-Parish ___NON CATHOLIC ___CATHOLIC Out of Parish/All Non Envelope Users		CHURCH PARISH (Must be completed)	NAME OF CHURCH:
FATHER'S EMERGENCY CONTACT #		CELL PHONE #	EMAIL ADDRESS:
ALUMNI - YES NO DIVORCED - YES NO DECEASED - YES NO		CUSTODY PAPERWORK RECEIVED IN OFFICE YES NO FLAGGED TO RETURN	

MOTHER / PRIMARY LEGAL GUARDIAN INFORMATION

MOTHER'S/Legal Guardian		LAST NAME	FIRST NAME
MOTHER'S / NAME OF EMPLOYER		OCCUPATION	EMPLOYER ADDRESS, PHONE #
MOTHER'S RELIGIOUS IDENTITY : (Check One) ___CATHOLIC In-Parish ___NON CATHOLIC ___CATHOLIC Out of Parish/All Non Envelope Users		CHURCH PARISH (Must be completed)	NAME OF CHURCH:
MOTHER'S EMERGENCY CONTACT #		CELL PHONE #	EMAIL ADDRESS:
ALUMNI - YES NO DIVORCED - YES NO DECEASED - YES NO		CUSTODY PAPERWORK RECEIVED IN OFFICE YES NO FLAGGED TO RETURN	

-----OFFICE USE ONLY-----

ALL FEES	AMOUNT	CASH or CHECK	Date Recd	Recd by Initials
REGISTRATION #_____students	\$	CASH CK# _____		
TUITION FEE \$ _____ <i>Direct Payment</i> # Students	\$	CASH CK# _____		
FINANCING with Gulf Coast Bank # Students	Amount Financing \$	<input type="checkbox"/> BANK LOAN APPLICATION RECEIVED IN OFFICE		
DOWN PAYMENTS RECIVED 1) 2)	1) \$ 2) \$	1) CASH/ CK# _____ 2) CASH/CK# _____ 3) CASH/CK# _____		
CLASSROOM SUPPLY FEE	\$	CASH CK		