



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: <input type="checkbox"/> CATHOLIC In Parish <input type="checkbox"/> Envelope # <input type="checkbox"/> NON CATHOLIC <input type="checkbox"/> 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

2ND CHILD FULL NAME:	DATE OF BIRTH:
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GRADE:	STUDENT'S RELIGION: (Check One) <input type="checkbox"/> CATHOLIC In Parish <input type="checkbox"/> NON CATHOLIC <input type="checkbox"/> CATHOLIC Out of Parish	SOCIAL SECURITY #	LOCATION OF BIRTH:
BIRTH CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN		DATE OF BAPTISM:	BAPTISM CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN
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	

3RD CHILD FULL NAME:	DATE OF BIRTH:
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GRADE:	STUDENT'S RELIGION: (Check One) <input type="checkbox"/> CATHOLIC In Parish <input type="checkbox"/> NON CATHOLIC <input type="checkbox"/> CATHOLIC Out of Parish	SOCIAL SECURITY #	LOCATION OF BIRTH:
BIRTH CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN		DATE OF BAPTISM:	BAPTISM CERTIFICATE RECEIVED IN OFFICE YES NO FLAGGED TO RETURN
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	

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	# OF STUDENTS ENTERING:	TUITION Amt Due:
RETURNING: CATHOLIC-IN PARISH CATHOLIC-Non Envelope Users NON CATHOLIC NEW STUDENT: CATHOLIC-IN PARISH CATHOLIC-Non Envelope Users NON CATHOLIC		



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) <input type="checkbox"/> CATHOLIC In-Parish <input type="checkbox"/> NON CATHOLIC <input type="checkbox"/> 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) <input type="checkbox"/> CATHOLIC In-Parish <input type="checkbox"/> NON CATHOLIC <input type="checkbox"/> 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 _____	<u>Amount Financing</u> \$	<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		