



# ST. PASCAL BAYLON CATHOLIC SCHOOL NEW STUDENT REGISTRATION FORM

2009-2010

Grade: \_\_\_\_\_

**Student Legal Name:** \_\_\_\_\_ Gender: \_\_\_\_\_  
LAST FIRST MIDDLE

Preferred Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month Day Year City State

Street Address: \_\_\_\_\_  
STREET APT. #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ [ ] UNLISTED Home Email: \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_

**Father:** \_\_\_\_\_ Religion: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

**Mother:** \_\_\_\_\_ Religion: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

**Are there any court orders regarding this child?** \_\_\_\_\_ **If so, please supply a copy for our file.**

**Siblings:** Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Parish You Are Registered With:** \_\_\_\_\_

**Does your child come from, or go to, a daycare address?** \_\_\_\_\_

Daycare Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Please ask about a Daycare Transportation Application)

Phone Number: \_\_\_\_\_

Hours There: \_\_\_\_\_

**Will you be using our Extended Day Program?** \_\_\_\_\_ (If yes, please fill out an Extended Day Registration Form)