

# ST. CATHERINE OF ALEXANDRIA REGISTRATION FORM

## When registering:

- You will need to complete one application form for each child registering.
- Include a copy of your child(s) official birth certificate.
- Include a copy of your child(s) baptismal certificate.
- Include a copy of your child(s) communion certificate (if your child is in 3rd - 8th grade).
- A review of records must be completed from previous school for transfer applications in Grades 2nd - 7th.
- A Release of Records Form must be signed if your child has attended another school.
- A registration fee of \$100.00 per family (non-refundable) is required with your application.
- Medical and dental forms must be submitted before the first day of school.

ENTERING GRADE \_\_\_\_\_ REGISTRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
LAST NAME FIRST MIDDLE

ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

CHILD IS: [ ] MALE [ ] FEMALE

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE \_\_\_\_\_

RELIGION (PLEASE CHECK): ROMAN CATHOLIC \_\_\_\_\_ OTHER RELIGION \_\_\_\_\_

RESIDING WITH: [ ] MOTHER [ ] FATHER [ ] BOTH [ ] OTHER \_\_\_\_\_  
Please provide custody agreement, if applicable.

RACE: *Check all that apply* ( ) African-American ( ) Native-Hawaiian/Pacific Island ( ) Alaskan Native  
( ) Native American ( ) Asian ( ) Caucasian Hispanic/Latino Y ( ) N ( )

MOTHER'S NAME \_\_\_\_\_  
FIRST LAST

MAIDEN NAME \_\_\_\_\_

RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S CELL PHONE NUMBER \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_

HOME PHONE NUMBER (if different from cell phone number) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
FIRST LAST

RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S CELL PHONE NUMBER \_\_\_\_\_ FATHER'S EMAIL \_\_\_\_\_

HOME PHONE NUMBER (if different from cell phone number) \_\_\_\_\_

