

STUDENT REGISTRATION FORM 2010

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|--|---|---|
| Family ID#: | | Today's Date: |
| FAMILY INFORMATION: | Father: | Mother: |
| | Last Name: _____ | Maiden Name: _____ |
| | First Name: _____ | First Name: _____ |
| | Talents: _____ | Talents: _____ |
| | Profession: _____ | Profession: _____ |
| | Registered in Parish (year): <input type="radio"/> YES <input type="radio"/> NO | Family status: <input type="checkbox"/> Married <input type="checkbox"/> Single |
| | Street Address: _____ | |
| | City: _____ State/Zip: _____ | |
| | Phone Number: _____ <input type="checkbox"/> Home | |
| | _____ <input type="checkbox"/> Work | |
| _____ <input type="checkbox"/> Cell | | |
| EMAIL: _____ | | |
| STUDENT INFORMATION: | Last Name: _____ | |
| | First Name: _____ | |
| | Nickname: _____ | |
| | Grade (will enter): _____ | Gender: _____ |
| | Ethnicity _____ | Birthday: _____ |
| | Language: _____ | Birthplace: _____ |
| | RE Day requested: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday | |
| | First Choice: _____ Second Choice: _____ | |
| Medical Condition or Special Need: _____ | | |
| SIBLINGS IN OLSH RE | Name: _____ | Grade: _____ |
| | Name: _____ | Grade: _____ |
| | Name: _____ | Grade: _____ |
| | Name: _____ | Grade: _____ |
| BROTHER S & SISTERS | Name: _____ | Birthdate: _____ |
| | Name: _____ | Birthdate: _____ |
| | Name: _____ | Birthdate: _____ |

