

STUDENT REGISTRATION FORM 2011/2012

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: _____

