

Student Enrollment Form

School Year: _____ New or Current Student Grade in which to enroll: _____

First Name: _____ Middle Name: _____ Last Name: _____

Preferred First Name: _____ Family Last Name: _____

Male Female

Birth date: _____

Catholic Yes No

City & State of Birth: _____

Lives With: Both Parents Mother Father Mother/Stepfather Father/Stepmother Grandparents
Other _____

Federal guidelines require us to record the Race/Ethnicity of every child. You must answer the following question and then indicate your race. Hispanic is considered an ethnicity and not a racial group. If you are of Hispanic ethnicity, you must also select a racial group.

Are you Hispanic/Latino or of Spanish origin? Yes No

Select one or more from the following racial groups:

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Previous School Attended: _____

Public School & District Area: _____

Comments: Enter any additional comments about this student here.

If the student is Catholic, enter the following information if you have not previously submitted it.

Baptism Date: _____

Parish: _____

First Reconciliation Date: _____

Parish: _____

First Communion Date: _____

Parish: _____

Confirmation Date: _____

Parish: _____