

SAINT BRENDAN CATHOLIC SCHOOL

REGISTRATION FOR THE 2015 - 2016 SCHOOL YEAR

GRADE FOR COMING YEAR: _____

FAMILY NAME:	CHILD'S LAST NAME:	CHILD'S FIRST NAME:	FOR SCHOOL USE ONLY
BROTHERS AND SISTERS ALREADY IN OUR SCHOOL			Family ID #: _____
<u>NAME:</u>	<u>GRADE FOR COMING YEAR:</u>		Reg. Fee: \$ _____
1. _____	_____		Ac. Fee: \$ _____
2. _____	_____		HSA Fee: \$ _____
3. _____	_____		Receipt #: _____

MOTHER'S FIRST NAME:	FATHER'S FIRST NAME:	
MOTHER'S LAST NAME:	FATHER'S LAST NAME:	
MOTHER'S HOME NUMBER:	FATHER'S HOME NUMBER:	
MOTHER'S WORK NUMBER:	FATHER'S WORK NUMBER:	
MOTHER'S CELL NUMBER:	FATHER'S CELL NUMBER:	
MOTHER'S EMAIL:	FATHER'S EMAIL:	
MAILING ADDRESS:	CITY/STATE:	ZIP:
LANGUAGE SPOKEN AT HOME:	MARITAL STATUS:	
ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER or NATIVE AMERICAN or WHITE or OTHER (CIRCLE ONE)		

NAME OF PERSON TO CONTACT FOR EMERGENCY:	RELATIONSHIP TO CHILD:	EMERGENCY PHONE NUMBER:
NAME OF PERSON TO CONTACT FOR EMERGENCY:	RELATIONSHIP TO CHILD:	EMERGENCY PHONE NUMBER:

PLEASE COMPLETE BACK PAGE →

FATHER

PLACE OF BIRTH: _____
OCCUPATION: _____
PLACE OF WORK: (COMPANY) _____
FATHER'S WORK ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
FATHER'S HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
(CIRCLE ONE IN EACH CATEGORY)
U.S. CITIZEN: YES or NO
ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER or NATIVE AMERICAN or WHITE or OTHER
RELIGION: CATHOLIC or NON-CATHOLIC

MOTHER

PLACE OF BIRTH: _____
OCCUPATION: _____
PLACE OF WORK: (COMPANY) _____
MOTHER'S WORK ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MOTHER'S HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
(CIRCLE ONE IN EACH CATEGORY)
U.S. CITIZEN: YES or NO
ETHNIC BACKGROUND: BLACK or HISPANIC or ASIAN or PACIFIC ISLANDER or NATIVE AMERICAN or WHITE or OTHER
RELIGION: CATHOLIC or NON-CATHOLIC

CHILD

FIRST NAME: _____ BIRTH DATE: _____ ENROLL DATE: _____
LAST NAME: _____ ID #: (PROVIDED BY SCHOOL) _____ GENDER: MALE or FEMALE
PLACE OF BIRTH (CITY/STATE/COUNTRY): _____
SCHOOL LAST ATTENDED: _____ CITY/STATE: _____
DATE OF BAPTISM: _____ DATE OF PENANCE: _____ DATE OF COMMUNION: _____
CHILD'S RELIGION: CATHOLIC or NON-CATHOLIC (circle one) U.S. CITIZEN: YES or NO (circle one) GREEN CARD: YES or NO (circle one)
NAME OF CHURCH FAMILY ATTENDS: _____ ADDRESS: _____