

STUDENT REGISTRATION FORM - ST. DIDACUS SCHOOL

TODAY'S DATE: _____

APPLICATION FOR GRADE: _____

STUDENT LAST NAME	MIDDLE NAME	STUDENT FIRST NAME	SEX	DATE OF BIRTH	PLACE OF BIRTH	<i>For Office use:</i> FAMILY #: <hr/> SIBLINGS:
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Ethnic background (Optional): () Native American () Asian () Afro American () Hispanic/Latino
 () Pacific Islander () Caucasian-White/Other () Filipino () Multi-Racial () Decline to state

At home, do you speak any language other than English? Yes / No If yes, what language: _____

HOME ADDRESS	CITY	CA	ZIP CODE	HOME PHONE
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FAMILY INFORMATION

FATHER'S FIRST NAME	MIDDLE NAME	LAST NAME	BIRTHPLACE	RELIGION	OCCUPATION	MARITAL STATUS (Circle one) Married Single Divorced Widow / Widower
MOTHER'S FIRST NAME	MAIDEN NAME	LAST NAME	BIRTHPLACE	RELIGION	OCCUPATION	MARITAL STATUS (Circle one) Married Single Divorced Widow / Widower

Mother's email address	Father's email address	Student's email address (if applicable)
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FATHER'S	EMPLOYER NAME, ADDRESS AND WORK PHONE	CELL PHONE
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MOTHER'S	EMPLOYER NAME, ADDRESS AND WORK PHONE	CELL PHONE
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Emergency Contact	Address	Cell Phone	email
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ENROLLMENT INFORMATION

NAME OF LAST SCHOOL ATTENDED	GRADE	SCHOOL ADDRESS	CITY / STATE / ZIP
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SACRAMENTAL INFORMATION

BAPTISM DATE	CHURCH	CITY	STATE	VERIFICATION
COMMUNION DATE	CHURCH	CITY	STATE	VERIFICATION
CONFIRMATION DATE	CHURCH	CITY	STATE	VERIFICATION