

Date _____

Santa Maria del Popolo School
NEW STUDENT REGISTRATION FORM
2009-2010 School Year

Please complete and return this form to the school office. Copies of your child's birth and baptismal certificates are required for registration.

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip)

Date of Birth _____ Place of Birth _____

Male _____ Female _____ Social Security # _____ Race _____

Grade entering _____ School previously attended _____

Religion _____ Baptismal Date _____

Church _____
(Name) (City & State)

Family Information

Father _____ Social Security # _____

Address _____ Home Phone _____
(if different than student)

Place of birth _____ Religion _____
(City & State)

Mother _____ Social Security # _____

Address _____ Home Phone _____
(if different than student)

Place of birth _____ Religion _____
(City & State)

Parent's marital status: Married _____ Separated _____ Divorced _____ Remarried _____

Student lives with: Both Parents _____ Custodial Parent* _____ Guardian _____

*if applicable-custody decree must be on file in the school office

Language(s) spoken at home (other than English): _____

Are you registered at Santa Maria del Popolo Parish? Yes _____ No _____ Date _____

If no, name of parish you are registered with _____