



## St. Ferdinand School Registration Form

<b>OFFICE USE ONLY:</b> REGISTRATION DATE _____		CHECK # _____	AMOUNT _____
Family registered in St. Ferdinand Parish: Yes _____ No _____		Parish Envelope # _____	
Entering Grade:	PRE-3	PRE-4	K 1 2 3 4 5 6 7 8

### Documents Required for Registration:

- ◆ BIRTH CERTIFICATE
- ◆ BAPTISMAL CERTIFICATE
- ◆ SOCIAL SECURITY CARD
- ◆ MEDICAL & DENTAL FORM

### Student Information:

(NAME)	(SOCIAL SECURITY NUMBER)
(ADDRESS)	(CITY/STATE) (ZIP)
(RELIGION)	(DATE OF BIRTH) (PLACE OF BIRTH) (SEX)
(ALLERGIES/OTHER MEDICAL CONDITIONS)	

### Please check the category that pertains to your child:

- NATIVE AMERICAN**-Having origins in any of the Indian peoples of North America, including Alaska-American Indians only.
- ASIAN**-having origins in any of the peoples of the Far East, Southeast Asia or the Pacific Island; for example, China, Japan, Philippines, Korea, Samoa, Vietnam.
- BLACK NON-HISPANIC**- Having origins in any black racial group, not any Spanish speaking.
- HISPANIC** – Of any Spanish-speaking culture or origin, regardless of race; for example, Mexico, Puerto Rico, Cuba, Central/South America.
- WHITE NON-HISPANIC** – Of European, Mediterranean and Middle East cultures.
- BI-RACIAL** – Of two distinct races; for example, Asian/White, Black/White, Asian/Black.

	DATE	CHURCH WHERE SACRAMENT WAS PERFORMED	CITY/STATE/COUNTY
BAPTISM			
RECONCILIATION			
1 <sup>ST</sup> COMMUNION			
CONFIRMATION			

### School last attended (Includes Pre-School & Kindergarten):

(NAME OF SCHOOL)
(ADDRESS) (CITY/STATE) (ZIP)

## Family Information

School mail should be addressed to the following adult(s):

(CIRCLE ONE)

MR. & MRS.

DR.

MR.

MRS.

MS.

\_\_\_\_\_  
(FIRST NAME)

\_\_\_\_\_  
(LAST NAME)

**Father/Stepfather/Other:**

(CIRCLE ONE)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(MAIDEN NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY/STATE)

\_\_\_\_\_  
(ZIP)

\_\_\_\_\_  
(TELEPHONE)

\_\_\_\_\_  
(CELL PHONE)

\_\_\_\_\_  
(E-MAIL)

\_\_\_\_\_  
(BIRTHPLACE)

\_\_\_\_\_  
(RELIGION)

\_\_\_\_\_  
(OCCUPATION)

\_\_\_\_\_  
(WORK NUMBER)

**Mother/Stepmother/Other:**

(CIRCLE ONE)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(MAIDEN NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY/STATE)

\_\_\_\_\_  
(ZIP)

\_\_\_\_\_  
(TELEPHONE)

\_\_\_\_\_  
(CELL PHONE)

\_\_\_\_\_  
(E-MAIL)

\_\_\_\_\_  
(BIRTHPLACE)

\_\_\_\_\_  
(RELIGION)

\_\_\_\_\_  
(OCCUPATION)

\_\_\_\_\_  
(WORK NUMBER)

**Brothers/Sisters:**

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(AGE)

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(AGE)

**Student lives with:**

\_\_\_\_\_ BOTH BIRTH PARENTS

\_\_\_\_\_ MOTHER ONLY (FATHER DECEASED)

\_\_\_\_\_ SINGLE PARENT

\_\_\_\_\_ MOTHER ONLY (DIVORCED/SEPARATED)

\_\_\_\_\_ FATHER ONLY (MOTHER DECEASED)

\_\_\_\_\_ MOTHER & STEPFATHER

\_\_\_\_\_ FATHER ONLY (DIVORCED/SEPARATED)

\_\_\_\_\_ GUARDIAN OTHER THAN PARENT (DESCRIBE):

\_\_\_\_\_ FATHER & STEPMOTHER

**Miscellaneous Information:**

Language spoken at home: (check all that apply)

\_\_\_\_\_ English

\_\_\_\_\_ Spanish

\_\_\_\_\_ Polish

\_\_\_\_\_ Other (describe) \_\_\_\_\_