

**Bishop Leibold School Registration Form**  
**(New & Current Families)**

**Mother's Name** \_\_\_\_\_ (First and Last)

Address: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Parish: \_\_\_\_\_

**Father's Name** \_\_\_\_\_ (First and Last)

Address: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Parish: \_\_\_\_\_

**Student's Primary Address** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_  
( e-mail address you would like used for all school communication)

**Public School District:** Centerville \_\_\_\_\_ Miamisburg \_\_\_\_\_ Springboro \_\_\_\_\_  
(check) West Carrollton \_\_\_\_\_ Valley View \_\_\_\_\_ Other \_\_\_\_\_

**Do you need bus service? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Children's Names should be placed next to the grade he/she will be next year.**

**West Campus**

**East Campus**

½ Day Kindergarten \_\_\_\_\_ Grade Four \_\_\_\_\_

Extended Day Kindergarten \_\_\_\_\_ Grade Five \_\_\_\_\_

Grade One \_\_\_\_\_ Grade Six \_\_\_\_\_

Grade Two \_\_\_\_\_ Grade Seven \_\_\_\_\_

Grade Three \_\_\_\_\_ Grade Eight + \_\_\_\_\_