

Bishop Leibold Student Registration Form (New Students only)

Registered Members of: Our Lady of Good Hope Parish _____
(check) St. Henry's Parish _____
Other _____ (please name)

Student's Name: _____
Last First Middle

Date of Birth: _____ **Gender:** _____ **Name preferred to be called:** _____

Entering Grade: _____ **From:** _____
(school) (city & state)

Baptism: _____
(date) (church) (city & state)

First Communion: _____
(date) (church) (city & state)

Home Address: Street _____

City _____ **Zip Code:** _____

Phone: _____

Father's Name: _____ **Religion:** _____

Work Phone: _____ **Cell Phone:** _____

Employer: _____

Mother's Name: _____ **Religion:** _____

Work Phone: _____ **Cell Phone:** _____

Employer: _____

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