

All Saints Little Saints CATHOLIC SCHOOL Preschool

REGISTRATION FORM

Date

Student Name: Grade (Fall 2010)

Place of Birth:

City
County
State

Date of Birth: / / Catholic

Month
Day
Year
Religion

Home Address:

Street
City
State
Zip

Home Phone: 308 Social Security - -

Do you live in Holdrege school District #44 Franklin Washington R-7

If no, which district?

Student's Baptism: / /

Date
Church
City

Father or Guardian: Name:
 Mother or Guardian: Name:

Maiden Name:

Address:

City
State
Zip

Cell Phone: 308 - Cell Phone: 308 -

Work Phone: 308 - Work Phone: 308 -

Date of Birth: / / Age: Date of Birth: / / Age:

Place of Birth: Place of Birth:

Marital Status: Marital Status:

Religion: Religion:

Occupation: Occupation:

e-mail: e-mail:

Please look this form over, make changes if needed sign and return with your registration form.