NEW STUDENTS
REGISTRATION FOR ST. LOUIS SCHOOL

Office Use Only:
Transfer of Records Sent: ☐
Date: _____

Date_____ Grade_____ Supplemental Kindergarten _____ Home Phone_____
Pre K - K - 8 Tues./Thurs. (Kindergarteners Only) yes/no

Student_____ Female____ Male____
last first middle

Address_____
street city zip

Email Address: _____

Ethnic Background _____ Religion _____

Birthdate _____ Birthplace_____ _____

School Student Last Attended_____ Address_____

Public School District in which student's home is located: _____

Name of Father_____ Birth Father ___ Stepfather ___ Guardian ___ Deceased ___

City and State of Birth _____ Occupation_____

Religion_____ Marital Status _____ Education_____

Name of Mother _____ Birth Mother ___ Stepmother ___ Guardian ___ Deceased ___

City and state of Birth_____ Occupation_____

Religion_____ Marital Status _____ Education_____

Name of Stepfather/Stepmother (custodial) _____ (Non Custodial)_____

Child lives with: Mother & Father_____ Father Only_____ Mother Only_____
Step-Father & Mother_____ Father & Step-Mother_____ Other_____

List Brothers & Sisters:

Name	Grade	Age
_____	____	___
_____	____	___
_____	____	___
_____	____	___

Religion_____ Parish Parent's Currently Attending_____

Sacraments the above named child has received:

Sacrament	Yes	No	Church	City, State	Date
Baptism	____	____	_____	_____	_____
First Communion	____	____	_____	_____	_____
Reconciliation	____	____	_____	_____	_____
Confirmation	____	____	_____	_____	_____

Has this child any serious health afflictions of which the school should be made aware? Yes____ No____

If yes, please describe condition_____

_____

Parent or Guardian Signature_____