

School Year \_\_\_\_\_

Grade \_\_\_\_\_

# Bishop Schad Regional School

## New Student Registration Form

Student Name: \_\_\_\_\_

Last

First

Middle

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

Street

City

Zip Code

Home Phone \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Catholic: Yes No (circle one)

Place of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

Public School District \_\_\_\_\_

Ethnicity

Optional: American Indian \_\_\_ Afro American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ White \_\_\_

### Father/Guardian

### Mother/Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home# \_\_\_\_\_ Religion \_\_\_\_\_

Home# \_\_\_\_\_ Religion \_\_\_\_\_

Parish \_\_\_\_\_

Parish \_\_\_\_\_

Place of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Alumni: Yes  No

Alumni: Yes  No

Marital Status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_ Single \_\_\_

Sacrament

Date

Church

City

State

Baptism

First Reconciliation

First Communion

Confirmation

Parent/ Guardian Signature \_\_\_\_\_