SAINT EDWARD CATHOLIC SCHOOL REGISTRATION FORM

DATE ENTERING _____ GRADE_____
This information is part of your child's permanent record. Please be sure the information is accurate. Use legal names of child and parents.

NAME OF CHILD_____GENDER: ___Male ___Female
first middle last

NAME CHILD GOES BY_____ SOCIAL SECURITY #_____

CHILD'S ADDRESS_____PHONE:_____

DATE OF BIRTH_____PLACE OF BIRTH_____
(Certified copy of birth certificate required for verification)

ETHNIC ORIGIN: White/Non-Hispanic_____Black/Non-Hispanic_____American Indian_____
Asian_____ Hispanic_____

SCHOOL LAST ATTENDED: _____

STUDENT LIVES WITH: Parents_____ Mother_____ Father____ Guardian ____ Other_____

MOTHER DECEASED_____ FATHER DECEASED_____

FATHER_____ADDRESS:_____

PHONE_____ EMPLOYER_____WORK#_____

MOTHER_____ADDRESS:_____

PHONE_____ EMPLOYER_____WORK#_____

GUARDIAN/OTHER:_____EMPLOYER_____WORK#_____

EMAIL ADDRESS:_____

BROTHERS AND SISTERS: (names and birthdates)
_____ _____

_____ _____

The following EMERGENCY INFORMATION is necessary in case your child becomes ill or is injured at school. If the parents/guardian cannot be reached at HOME or WORK, notify:

NAME_____RELATION TO CHILD_____PHONE #_____

NAME_____RELATION TO CHILD_____PHONE #_____

PHYSICIAN_____PHONE #_____PREFERRED HOSPITAL_____

OTHER INFORMATION (disabilities, medications, etc.)_____