



2019-20 | New Student Registration Form

STUDENT NAME: First: _____ Middle: _____ Last: _____

CURRENT SCHOOL GRADE: _____ **SCHOOL DISTRICT:** _____ **BOY** **GIRL**

MAILING INFORMATION: *Please complete for Parent/Guardian*

MAILING NAME: _____ **HOME PHONE:** _____
MAILING ADDRESS: _____ **MOTHER CELL:** _____
 _____ **FATHER CELL:** _____
***EMAIL:** _____

PARISH REGISTRATION: St. Ignatius Other: _____

BIRTH FATHER: _____ **RELIGION:** _____
First Middle Last
BIRTH MOTHER: _____ **RELIGION:** _____
First Middle Maiden Name
STEP-PARENT: _____ **RELIGION:** _____
First Middle Last

STUDENT SACRAMENTAL INFORMATION:

DATE OF BIRTH: _____ **PLACE OF BIRTH (CITY/STATE):** _____

	DATE RECEIVED	CHURCH	CITY / STATE
Baptism			
Penance			
Communion			
Confirmation			

NOTE: *Baptism Certificate required.*

PRIOR RELIGIOUS EDUCATION (IF ANY):

Last Grade Completed: _____ Church: _____ City/State: _____

PERSON RESPONSIBLE FOR RELIGIOUS EDUCATION (IF NOT PARENT/GUARDIAN):

Name: _____ Relationship: _____ Contact Number: _____

MEDICAL / LEARNING INFORMATION:

If any of the following apply to your child, please give details in the appropriate space(s).

List any medical, physical, mental or emotional conditions of which we should be aware for your child's proper supervision while in our care, especially food allergies. **Example:** Allergies, chronic conditions and/or medication/treatment of this condition, coordination difficulties, loss of hearing.

Please list any conditions of which we should be aware in order to provide a non-threatening, balanced and productive educational environment. **Example:** Reading ability, social adaptation, learning disability, behavioral/coping skills.

Please list any custody/legal issues or family/home situations. **Example:** Move, divorce, death of loved one or pet.

I give permission for pictures and/or video of my child(ren) engaged in activities related to any St. Ignatius event posted in publications or the parish website. Names of participants will not be used without expressed permission from the parent or guardian.

****SIGNATURE:** _____ **DATE:** _____

<i>Office Use Only:</i>	DATE: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Amount \$ _____	Sacramental Fee \$ _____	Initials: _____
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