

St. Jude of the Lake Catholic School

2011-2012 New Student Registration Form

Student Information (one form per child, print please)

Full Name: _____		Gender: M F	Age: _____	Grade: _____ (in 2011-2012)
Full Day Kindergarten _____	NEW OPTION (please check box)	Half day Kindergarten _____		
Address: _____		City: _____	State: _____	Zip _____
School District _____				
Date of Birth: _____	S.S# _____	Child lives With: Parents Mom Dad Other		

Mother's Information

Mother's Name _____		Alumni: Yes No
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Mother's Address: _____		
E-Mail Address _____	Mother's Religion _____	

Father's Information

Father's Name _____		Alumni: Yes No
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Father's Address _____		
E-Mail Address _____	Father's Religion _____	

Other Information

<p>Does your child have any special custody arrangements? Yes No (circle one) If yes, please provide the office with a copy of the custody agreement.</p> <p>Are you a registered member of St. Jude's Church? Yes No (circle one) If no, which parish? _____</p> <p>School attended last year: _____ Grade _____</p> <p>Address: _____</p>	<p>Child's Ethnic Origin:</p> <p>_____ Caucasian</p> <p>_____ African American</p> <p>_____ Asian/Pacific</p> <p>_____ American Indian</p> <p>_____ Latino</p> <p>_____ Multiracial</p> <p>Language Spoken in the home:</p> <p>_____</p>		
Date(MM/DD/YY)	Church	City	State
Baptism			
First Eucharist			
Reconciliation			

Signature of Parent/Guardian _____ Date _____