

St. Aloysius School

Registration Form 2017-2018

Please Review and Change Any Incorrect Information. (Please Print)

Family Name Envelope Number Parent Signature _____

Students Name	SSN	Birthdate	Grade	Where Born	Where Baptized
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Home Phone 1

City Home Phone 2

State Zip

Mother First Name Mother Last Name

If Remarried, Name of Current Spouse

Mother Cell/Pager Mother Work Phone

Mother EMAIL Spouse Work Phone

Father First Name Father Last Name

If Remarried, Name of Current Spouse

Father Cell/Pager: Father Work Phone

Father EMAIL Spouse Work Phone

All Parental Mail will be mailed to this name at the student's address. If a second mailing is needed for one parent, please give a second name and address. <input type="checkbox"/> Mr. and Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Guardian Name <input type="text"/>	Second Mailing <input type="checkbox"/> Phone <input type="text"/>
	Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/>

Living With: (Check All That Apply)

Mother And Father
 Mother Only
 Mother And StepFather
 Mother Remarried
 Mother Deceased
 Father Only
 Father And StepMother
 Father Remarried
 Father Deceased

If divorced, which parent has Legal Custody? Check if you have an Order of Protection

In case of emergency or illness and parents listed cannot be reached, please call:

EmergencyName1	<input type="text"/>	Phone1	<input type="text"/>	Relationship	<input type="text"/>
EmergencyName2	<input type="text"/>	Phone2	<input type="text"/>	Relationship	<input type="text"/>
EmergencyName3	<input type="text"/>	Phone3	<input type="text"/>	Relationship	<input type="text"/>
EmergencyName4	<input type="text"/>	Phone4	<input type="text"/>	Relationship	<input type="text"/>
EmergencyName5	<input type="text"/>	Phone5	<input type="text"/>	Relationship	<input type="text"/>

Preferred Hospital

Health Problems _____

Office Use Only