

## **REGISTRATION FORM**

Date:	School Year: 2019	9-2020 M_F_	Entering Grade:		
Last Name	First Name		Middle Name		
Address	City	Zip	Public School District of Residence		
// Date of Birth	Place of Birth		Citizenship		
Mother's Email		Father's Email			
Home Phone	Mother's Cell	Fath	ther's Cell		
Religion	Parish		City		
	Parish	City & Sta	ate	Date	
Baptism					
Reconciliation					
First Eucharist					
Confirmation					
Were you referred by a	a St. Benedict School family? If yes, pl	ease list family name:			
Are you a parishioner o		St. Gabriel, Marlbord	o □ St. M	ary, Colts Neck	
How did vou hear abou	$\square$ Other $\_$ ut us? $\square$ Internet $\square$ Postcard $\square$		- paper □ Othei	••	
PRESENT School Atte	ending:		Grad	le:	
Address:			Phone:		
Reason for Leaving:					
Former School:	Re	eason for Leaving:			
las your child ever be	en evaluated by a Child Study Team?_	Yes <u></u> No D	Date of Evaluation	):	
Other pertinent informa	ation:				
<i>,</i>					
PRESCHOOL	STUDENTS ONLY	OFFIC	E USE ONLY		
5 Full Da	ys (8:15 am - 2:00 pm)	( ) Birth Certificate ( ) Baptismal Certifica			
3 Full Da	ys (8:15 am - 2:00 pm)	( ) Immunization Reco ( ) Driver's License			
5 Half Day	ys (8:15 am - 11:00 am)	( ) Tax Bill/Utility Bill ( ) Registration Fee -	Check #		

## **FAMILY BACKGROUND**

		Father		Mother		Guardian (Relationship to student)			
Name									
Address (If different from child)									
Occupation/ Employer Work Address/ Phone									
Work Email									
Date of Death (If applicable)									
Education	0	Elementary Secondary College Advanced			Seco Colle	nentary ondary ege anced		0	Elementary Secondary College Advanced
Religion									
Iome situation (Check all that apply):Two ParentsOne ParentSeparatedDivorced									
anguage spoken at home									
IF PARENTS DI\	ORCE!	D/SEPARATE	D						
Father remarriedMother remarried Child Resides with:									
Custodial Rights (attach copy of court order)									
SIBLINGS									
Complete Name	)		Date of Bi	irth		Grade	School	Attendir	ng