



The Catholic School Region of Manhattan
d/b/a Our Lady Queen of Martyrs School
71 Arden Street
New York, New York 10040-1101
Telephone -212-567-3190 Fax 212-304-8587
web - www.olqmny.org blog - www.olqmny.blogspot.com

Formal Registration of New Student

Child's Age on the day of Registration ___ Yr ___ Mo Pre-K 3 Year Old _____

Child's Age on the day of Registration ___ Yr ___ Mo Pre-K 4 Year Old _____

Grade Level _____

Student's Name

First: _____

Middle: _____

Last: _____

Sex: Female [] Male []

Address: _____

Apartment# _____ Name on Mailbox _____

City _____ State _____ Zip Code _____

Home Telephone# (_____) _____ - _____

Child resides with _____

Relationship _____

Alternate (if any) – Non Custodial Parent Name _____

Address: _____

Apartment# _____ Name on Mailbox _____

City _____ State _____ Zip Code _____

Home Telephone# (_____) _____ - _____

Mr. Andrew G. Woods, M.S. Ed., M.S. Admin.
Principal



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Ethnicity (PLEASE CHECK ONLY ONE)

Asian [] Black [] Caucasian []
Hispanic or Latino [] American Indian or Alaskan Native []
Native Hawaiian/Other Pacific Islander [] Multiracial []
Other _____

Race (PLEASE CHECK ONLY ONE)

American Indian or Alaskan Native [] Asian []
Black or African American []
Native Hawaiian/Other Pacific Islander [] White []

Date of Birth _____/_____/_____

Birth Certificate Number _____

City of Birth _____ Country of Birth _____

Social Security # _____/_____/_____

Primary Language Spoken at Home

English [] Spanish [] Other _____

Secondary Language Spoken at Home

English [] Spanish [] Other _____

Has Home Internet Access Yes [] No []

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Religion – Roman Catholic [] Other _____

Current Parish _____ Year Joined _____

Baptism Date _____ Church _____

City and State of Church _____

Reconciliation Date _____ Church _____

City and State of Church _____

Eucharist Date _____ Church _____

City and State of Church _____

Child's Education

Please list all the previous schools that the child has attended

PK- Name of School _____

Kindergarten – Name of School _____

Grade 1 -Name of School _____

Grade 2 – Name of School _____

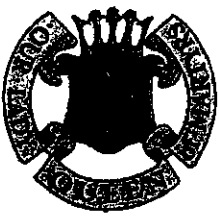
Grade 3 – Name of School _____

Grade 4 – Name of School _____

Grades 5, 6, or 7 – Name of School _____

To Be Filled In By Office Staff

Home School District _____



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Parent Information

Mother's Name _____

Maiden Name _____

Please circle ONE: **Single** **Married** **Separated** **Divorced**

Place of Birth _____

Religion – Roman Catholic [] Other _____

Primary Contact [] Custodial Contact [] Not at Home [] Deceased []

Employment _____

Occupation (Please be Specific) _____

Business Address _____

Tel # () _____ Cell # () _____

Email _____

Father's Name _____

Please circle ONE: **Single** **Married** **Separated** **Divorced**

Place of Birth _____

Religion – Roman Catholic [] Other _____

Primary Contact [] Custodial Contact [] Not at Home [] Deceased []

Employment _____

Occupation (Please be Specific) _____

Business Address _____

Tel # () _____ Cell # () _____

Email _____

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Emergency Contacts

Please list two emergency contacts

Name 1 _____

Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Name 2 _____

Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Medications Needed on Everyday/Emergency Basis

Medical Condition _____

Medication 1 _____

Medication 2 _____

Self- Administered ___ YES ___ NO

Authorization from Physician or Medical Advisor Presented ___ YES ___ NO

Physician's Name _____

Physician's Address _____

City _____ State _____ Zip Code _____

Physician's Phone Number _____

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