

NEW STUDENT SCHOOL ENROLLMENT FORM—2018-2019 School Year

PARENT'S NAME _____ DATE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

NUMBER OF CHILDREN IN YOUR FAMILY: _____

NUMBER OF CHILDREN IN ELEMENTARY SCHOOL: _____

NUMBER OF CHILDREN IN HIGH SCHOOL: _____

NUMBER OF CHILDREN IN COLLEGE: _____

Please supply information requested below *on new enrollees*. (All information is confidential)

NAME _____ GRADE NEXT YEAR _____ DOB _____

BIRTHPLACE _____ DATE/PLACE OF BAPTISM _____

NAME _____ GRADE NEXT YEAR _____ DOB _____

BIRTHPLACE _____ DATE/PLACE OF BAPTISM _____

NAME _____ GRADE NEXT YEAR _____ DOB _____

BIRTHPLACE _____ DATE/PLACE OF BAPTISM _____

NAME _____ GRADE NEXT YEAR _____ DOB _____

BIRTHPLACE _____ DATE/PLACE OF BAPTISM _____

MARITAL STATUS OF PARENT/GUARDIAN: (Please circle appropriate answer)

SINGLE MARRIED SEPARATED DIVORCED WIDOWED

LIST THE CHURCH MEMBERSHIP OF:

FATHER _____ MOTHER _____

CHILDREN _____

SIGNATURE OF PARENT OR GUARDIAN _____

SIGNATURE OF PARENT OR GUARDIAN _____