

NEW STUDENT SCHOOL ENROLLMENT FORM—2019-2020 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 \_\_\_\_\_

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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 \_\_\_\_\_