



# ST. NICHOLAS CATHEDRAL SCHOOL

For Office Use Only	
Enrollment Date: _____	
_____ New	_____ Returning
Signed Tuition Agreement on File: __ Yes __ No	
Office Initials _____	Date: _____

## 2016-2017 REGISTRATION FORM

▶ PLEASE PRINT ◀

Student \_\_\_\_\_  
(Last name) (First name) (Middle name)

Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address Where Student Lives \_\_\_\_\_  
(not P.O. Box #) (street-must be completed) (city) (zip code)

Permanent Address: Yes \_\_\_ No \_\_\_

City of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: Circle ALL THAT APPLY White Hispanic Asian Black or African American Other

Name and Address of School Last Attended (if applicable): \_\_\_\_\_

Special services received at previous school: No \_\_\_ Yes: \_\_\_ Special Ed. \_\_\_ Speech \_\_\_ Section 504 \_\_\_ ESL \_\_\_

\*With whom does the child live? Both Parents \_\_\_ Father\* \_\_\_ Mother\* \_\_\_ Other \_\_\_\_\_

Mother: \_\_\_\_\_  
(last name) (first name) (m.i.) (Maiden name)

Address (if different from above) \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father: \_\_\_\_\_  
(last name) (first name) (m.i.)

Address (if different from above) \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please list name and number of anyone allowed to pick up your child from school \_\_\_\_\_

### EMERGENCY CONTACT IF PARENT OR GUARDIAN CANNOT BE REACHED:

(Name)	(Telephone and/or Cell Phone)	(Relationship to Child)
1. _____	_____ / _____	_____
2. _____	_____ / _____	_____

Any medical issues the school should be aware of? \_\_\_\_\_

List of brothers or sisters (Name & School they attend, if applicable)

1. \_\_\_\_\_ 2. \_\_\_\_\_

What parish is your family a member of? \_\_\_\_\_

What language does this child speak most often outside of school? \_\_\_\_\_

Name & Phone Number of Doctor: \_\_\_\_\_ Name & Phone Number of Dentist: \_\_\_\_\_

(Parent/Guardian Signature)

(Date)

