

2009-2010 (K-8) REGISTRATION APPLICATION

Student's Full Name:									
Student's Address:									
Student's Sex:		Male		Female					
Birthdate:				Birthplace:					
Religion:									
Entering grade level:	Kinder	First	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth
Registration Type:		New			Re-Registration				
Baptism date/location:									
Communion date/location:									
Confirmation/date/ location:									
Name of previous school:									

****** Please use a separate form for each student ******

Father's Name:	Home Phone:
Address:	Cell Phone:
Place of Employment:	Work Phone: Pager:
	Marital Status:
Mother's Name: Maiden:	Home Phone:
Address: (if different)	Cell Phone:
Place of Employment	Work Phone: Pager:
	Marital Status:

GENERAL INFORMATION:

- * Family registered at: St. Mary of the Mount Parish St. John Vianney Parish Prince of Peace Parish St. Justin Parish
- * If no, name of your parish affiliation _____
- * Is this your first year at Bishop Leonard-St. Mary of the Mount Academy? Yes No
- * Who is responsible for paying the tuition? (Please state name, address, and phone)

Name	Phone
Address	

PLEASE BE ADVISED THAT ALL INFORMATION MUST BE UPDATED.

Parent/Guardian Signature	Date	Principal Signature
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