

St. Jerome Regional School Registration Form

Date: _____ Grade: _____

Student's full name: _____ Date of birth: _____

Address: _____
Street City State Zip Code

Phone number: () _____ Place of birth: _____
City State

Baptism: Church _____ City _____ Date _____

Confirmation: Church _____ City _____ Date _____

First Eucharist: Church _____ City _____ Date _____

Parish Membership: _____
Church City

Number of older children in family: _____ Number of younger children in family: _____

Busing needed: Yes _____ No _____ School District: _____ in which you pay taxes.

Mailing label address: (Ms., Mr. and/or Mrs., Dr.) _____

List previous school, pre-school or day care attended: _____

Father's Name: _____

Religion: _____ Place of employment _____

What city, state and country was father born? _____

Mother's Name: _____ Maiden Name _____

Religion: _____ Place of employment _____

What city, state and country was mother born? _____

If child does not live with the father or mother: Name of guardian: _____

Address and telephone number of guardian: _____

Guardian's religion: _____ Guardian's place of employment: _____