

Student Enrollment Form

Child Entering Grade _____

PLEASE PRINT

Phone # _____

Child's Name _____

Sex Male Female Grade _____

Address _____

Zip Code _____

Birth Date ___ / ___ / ___ Birth Place _____

(Send Birth Certificate/Social Security)

Father's Name _____

Cell Phone _____

Place of Birth _____

Religion _____

Nationality _____

Place of Work _____

Work # _____

Mother's Name _____

Cell Phone _____

Place of Birth _____

Religion _____

Nationality _____

Place of Work _____

Work # _____

Marital Status: Married _____ Living together _____ Single Parent _____ Divorced _____

Child lives with: Father _____ Mother _____ Father & Mother _____

If separated or divorced, does other parent have legal access: Yes _____ No _____

Primary language spoken in the home _____

Other Children in the Family:

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

Record of Sacraments: (School will need a copy of each certificate.)

Baptism Date _____ Church _____

Communion Date _____ Church _____

Reconciliation Date _____ Church _____

Confirmation Date _____ Church _____

School Last Attended _____ Address _____

Grade _____

Public School child would attend if not enrolled at Our Lady of Grace _____

If we need to contact you what phone number would we call:

Name and Phone # _____