



St. Germaine School Registration Form

Registration fee of \$25 must accompany this registration.
The fee will be deducted from Book & Materials fee for the next year

Enrollment Date _____

Student's Last Name _____ First Name _____ Middle Name _____

Student Social Security Number _____ Sex _____

Date of Birth _____ Place of Birth _____

Address _____

City _____ Zip Code _____ Home Phone _____

School Last Attended _____

School Address _____

City _____ State _____ Zip Code _____

Sacramental Information

Baptism: Date _____ Church _____ City _____

Eucharist: Date _____ Church _____ City _____

Confirmation Date _____ Church _____ City _____

Family Information

	Last Name	First Name	Place of Birth	Religion	Education Level
Father					
Mother					
Other Guardian					

Father's Occupation _____ Business Phone _____

Mother's Occupation _____ Business Phone _____

Family Status: _____ Married _____ Separated _____ Divorced _____ Other

Child lives with _____ Both parents _____ Mother _____ Father _____ (Other)

Siblings' Names	Date of Birth	Sex

Language (other than English) spoken at home _____

Student Health Information

Does the child have any physical disabilities which restrict participation in school? _____

If "yes," please explain the condition and limits it imposes _____

Does the child have any allergies? _____

Does the child take any prescription medication on a regular basis? _____

If "yes," please identify _____

Parent Signature

Enrollment for

_____ 3 yr. old Pre-school

_____ 4 yr. old Pre-school

_____ Full Day Kindergarten

_____ Half Day Kindergarten

_____ Grade 1-8

Indicate Grade _____

Document Check:

_____ Birth certificate

_____ Certificate # _____

_____ Baptismal certificate

_____ Parish Registration

Documents Given

_____ Student Profile Questions

_____ Health Forms

_____ School Brochure

_____ Information Sheet

_____ Parent Request for Release of Records

By _____