

**St. Patrick Of Heatherdowns School
Student Registration Form**

Student Name: _____
First Middle Last

**Student Grade for
2010-2011 yr.** _____

Primary Parent/Guardian: _____
First Last

Secondary Parent/Guardian: _____
First Last

Primary Mailing Addr.: _____
Street Address City State Zip

Primary Phone Number Home Ph. _____ *Identify contact name:* _____
Cell Phone: _____ *Identify contact name:* _____
Work Phone: _____ *Identify contact name:* _____

Primary Email Address: _____

Send Email when possible? yes no

Parish: _____

Religion: _____

Marital Status: _____

Occupation: _____

Employer: _____

Complete only information that differs from Primary Parent/Guardian

Alternate Addr.: _____
Street Address City State Zip

Phone Number Home Ph. _____
Cell Phone: _____
Work Phone: _____

Email: _____

Send Email when possible? yes no

Parish: _____

Religion: _____

Marital Status: _____

Occupation: _____

Employer: _____

Student Information

S.S. Number: _____ *new students must submit copy of social security card*

Language: _____

Gender: _____

Birthdate: _____

Ethnicity: _____

Public School: _____ *identify public school your child would attend if not at St. Pat's (i.e. Crossgates)*

Lives with: _____

Religion: _____

Baptismal Date: _____ *new students must submit copy of certificate if performed anywhere other than St. Patrick of Heatherdowns*

Confirmation Date: _____

Is your child on an IEP? yes no

Emergency Contact Information

CONTACT 1:

Name: _____
First _____ Last _____

Relationship to student: _____

Phones: Home Ph. _____
Cell Phone: _____
Work Phone: _____

CONTACT 2:

Name: _____
First _____ Last _____

Relationship to student: _____

Phones: Home Ph. _____
Cell Phone: _____
Work Phone: _____

CONTACT 3:

Name: _____
First _____ Last _____

Relationship to student: _____

Phones: Home Ph. _____
Cell Phone: _____
Work Phone: _____