

NEW STUDENT REGISTRATION RECORD

DIOCESE OF ROCHESTER

ELEMENTARY SCHOOLS

PLEASE COMPLETE ONE FORM FOR EACH CHILD BEING REGISTERED

Registration for St. Francis de Sales – St. Stephen School Date of Registration _____

Date of entrance into new school _____ Grade Level Entering _____

Please Print

NAME _____ M _____ F _____
Last Name First Name M.I.

ADDRESS _____ PHONE _____ - _____ - _____
Street

City/Town State Zip Code SCHOOL DIST. OF RESIDENCE _____

BIRTHDATE _____ BIRTHPLACE _____

Please check all that apply:

Native American _____ Black _____ Asian/Pacific Islander _____ Hispanic _____ White (not Hispanic) _____

More than one ethnicity (please describe) _____

LAST SCHOOL ATTENDED (if any) _____ GRADE _____

Street City/Town State Zip Code

CHILD LIVES WITH _____ RELATIONSHIP TO STUDENT _____

PARENTS/GUARDIANS (As you wish your name(s) to appear on official communication)

PREFIX(ES) First Name M.I. Last Name Suffix

Street City/Town State Zip Code

MEDICAL INSURANCE COMPANY _____ POLICY # _____

Person to be contacted in case of medical emergency if parent/guardian cannot be reached:

NAME: _____ PHONE # _____ Relationship _____

Student's Religion _____ Family Registered in _____ Parish/Church

Baptism: Date _____ Church _____ Location _____
First Eucharist: Date _____ Church _____ Location _____
First Penance: Date _____ Church _____ Location _____
Confirmation: Date _____ Church _____ Location _____

FOR OFFICE USE ONLY

VALIDATION OF RECORDS

Birth Certificate: _____ Baptismal Certificate: _____

Immunization Record: _____