

# STUDENT REGISTRATION FORM • St. Monica Catholic School

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**FOR OFFICE USE ONLY:**

Date \_\_\_\_\_ Amount: \_\_\_\_\_

Check #: \_\_\_\_\_



## STUDENT INFORMATION

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student and Primary Parent/Guardian Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Date of Birth: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Enrollment Grade: \_\_\_\_\_ **PK3-8**  
(Placement Determined By School)

Last School Attended: \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has student been suspended or expelled from this or any school?  No  Yes

If yes, please explain \_\_\_\_\_

What is the student's race? (choose one or more)

- American Indian/Alaskan  Black or African American  White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)  
 Asian  Hispanic  
 Other (please specify) \_\_\_\_\_

Have you completed a home language survey?  No  Yes (list school) \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

**Primary Parent/Guardian:**

*This is the parent/legal guardian with whom the student lives most of the week, and the main contact regarding the student.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

- Father  Stepfather  Legal Guardian  
 Mother  Stepmother  Foster Parent

Employer: \_\_\_\_\_

Other (please indicate relationship): \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Is your home phone a cell phone?  Yes  No

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian's preferred language of communication?

- English  Spanish

**Parent/Guardian #2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

- Father  Stepfather  Legal Guardian  
 Mother  Stepmother  Foster Parent

Employer: \_\_\_\_\_

Other (please indicate relationship): \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Is your home phone a cell phone?  Yes  No

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian's preferred language of communication?

- English  Spanish

