



Student Name (Last, First, Middle)	Date of Birth (month/date/year)	Gender M/F	Catholic Y/N	Parish / Church

Select the days and options (✓) your child will be attending. (Minimum of 2 half days required)					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM ½ Day Option					
Full Day Option					

Is your family a registered and active member of Saint Patrick Parish: yes no

If no, name and city of parish: _____

Additional Information Needed for Diocesan and State Reporting Purposes Only:

School District: _____ (example: Hudson)

Ethnicity (please circle): Caucasian, African American, Native American, Asian, Hispanic/Latino, Pacific Islander, Multi-racial

Student Address: _____
 (House/Apt Number) (Street) (City) (Zip)

Names and Ages of any Siblings: _____

Child is in Custody of: Both Parents Father Mother Other: _____

Please contact the school office with any special custodial arrangements.

Father's Name: _____
 (Last) (First) (Middle)

Father's Address (if different than above): _____
 (House/Apt Number) (Street) (City) (Zip)

Father's Place of Employment: _____ Email Address: _____
 Send regular school communication to this email address? yes no

Mother's Name: _____
 (Last) (First) (Middle)

Mother's Address (if different than above): _____
 (House/Apt Number) (Street) (City) (Zip)

Mother's Place of Employment: _____ Email Address: _____
 Send regular school communication to this email address? yes no

Parent Contact Information <i>(Please rank below in order to call: 1,2,3,4,5)</i>			Permission to publish number on the secure website family directory? Y/N
Home Phone Number			
Father's Cell Phone Number		<input type="checkbox"/> Ok to Text	
Father's Work Phone Number			NA
Mother's Cell Phone Number		<input type="checkbox"/> Ok to Text	
Mother's Work Phone Number			NA

Emergency – Alternate Contact Information		
Name	Relationship	Phone Number