Saint Patrick

K-8 Student Registration 2024-2025

Child's Legal Name	Grade	Preferred Nickname	Gender		h Date	Catholic
(Last-First-Middle)	Entering		M/F	(month/	date/year)	Y/N
Is your family a registered member of Saint Pa	trick Parish	Yes No	Must l	be "Yes" to	receive Parish	ioner Rate.
If no, name and city of parish:						
Additional Information Needed for Diocesan as School District:		Example: Hu				
Ethnicity (please circle): Caucasian, Afric	an America	n, Native American, Asiar	n, Hispanic/	Latino, Paci	fic Islander, N	Iulti-racial
Student Address:						
(House/Apt Number)	(Street) (City)					(Zip)
Names and Ages of any Siblings (not listed abo	ove):					
Child is in Custody of:		□ Mother □ Other:				
Please contact the school office with any specie						
Father's Name:		-				
(Last)	(First)		(Middle)			
Father' Address (if different than above):		· · · ·				
	House/Apt N				(City)	(Zip)
Father's Place of Employment:	Email Address:					
		Send regular scho				
Mother's Name:						
(Last)		(First)		(Middle)		
Mother's Address (if different than above):						
	(House/Ap	t Number) (Str	eet)		(City)	(Zip)
Mother's Place of Employment:		Email Address:				
		Send regular scho	ol communi	cation to this	email address	$? \square \text{ yes } \square \text{ no}$
					Permission to j	publish number
Parent Contact Information (<i>Please rank below in order to call: 1,2,3,4,5</i>)					on the secure website family directory? Y/N	
Home Phone Number					Tanniy une	
Father's Cell Phone Number			□ Ok to Text			
Father's Work Phone Number					N	A
Mother's Cell Phone Number	□ Ok to Text			to Text		
Mother's Work Phone Number					N	Ā
Emer	gency – A	Alternate Contact In	formatior	1		
Name		Relationship		Pho	one Number	
Please Describe Any Special Needs:						
Health Needs? \Box No \Box Yes						