Date of Registration _____

Registration Form – St. Sylvester School

Student's Name _____ Sex: _____
Last First Middle Male or Female

_____ _____
Street Address City State Zip Home Phone

_____ _____ _____
Date of Birth Place of Birth Religion

Father's Name : _____ Religion: _____
Last First Middle Initial

Employer: _____ Work No._____

Mother's Name: _____ Religion: _____
Last First Middle Initial

Employer: _____ Work No._____

Guardian's Name: _____ Phone No._____
Last First

Student's Social Security No. _____

Name and Address of Person Responsible for Tuition Payments:

_____
Name

_____
Address

Brothers and Sisters: (List names in order of birth in the family, beginning with the oldest to youngest)

Name	Birthdate	Name	Birthdate
1._____		2._____	
3._____		4._____	

	Date	Church	City-State
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Holy Eucharist	_____	_____	_____

Verified by Baptismal Certificate (Yes___ No___) Copy attached _____

Verified by Birth Certificate (Yes___ No___) Certificate No. _____

Immunization Record Verified Date_____

We are registered members of _____ Parish Envelope No._____

School entered from: _____ Date:_____ Grade Entering _____

Will you need bus service (Yes___ No___) What District Do You Reside _____

Program entering: PreK-3 AM/PM_____ PreK-4 AM/PM_____ PreK-4 Full Day _____

Am Kdg. _____ Kdg. _____ Grade entering _____

My Child Participated in the DART Program _____

Paid _____ Check No. _____ Cash _____