

Date of Registration _____

Registration Form – St. Sylvester School

Student's Name _____
Last First Middle

Sex: _____
Male or Female

Street Address _____
City State Zip

Home Phone _____

Date of Birth _____
Place of Birth _____

Religion _____

Father's Name : _____
Last First Middle Initial

Religion: _____

Employer: _____

Work No. _____

Mother's Name: _____
Last First Middle Initial

Religion: _____

Employer: _____

Work No. _____

Guardian's Name: _____
Last First

Phone No. _____

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)

<u>Name</u>	<u>Birthdate</u>	<u>Name</u>	<u>Birthdate</u>
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

Baptism Date _____ Church _____ City-State _____

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 Half Day _____ PreK-4 Half Day _____ PreK-4 Full Day _____

Am Kdg. _____ Kdg. _____ Grade entering _____

My Child Participated in the DART Program _____

Paid _____ Check No. _____ Cash _____

*** All new students are accepted on a probationary basis.**

*** All new students with an identified special need must present or send this information to the administration before being accepted into the PreK – 8 school program.**