

**SAINT CASIMIR CATHOLIC SCHOOL
REGISTRATION 2017-2018**

To register: Complete both sides of this form and return with the registration fee of \$150. Registration fees are non-refundable. Also return the financial information sheet indicating Plan A or B.

Indicate the grade for which you are registering.

Pre-K 3 ___ 5 full days Pre-K 4 ___ 5 full days
 ___ 5 half days ___ 5 half days
 ___ 3 full days T, W, TH
 ___ 3 half days T, W, TH

___ Kindergarten ___ Grade 1 ___ Grade 2 ___ Grade 3 ___ Grade 4 ___ Grade 5
___ Grade 6 ___ Grade 7 ___ Grade 8

Student information:

Child's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Sex: _____

Social Security Number: _____ Date of birth: _____

Child lives with: _____ Relationship to child: _____

Religion: _____ Parish: _____

Date of Baptism: _____ Church: _____

Date of Reconciliation: _____ Church: _____

Date of First Communion: _____ Church: _____

Ethnic background: Circle one: American Indian African American Hispanic Caucasian
Other

Last school attended _____

Address of School _____

Family information: FATHER

Last name: _____ First name: _____

Address: _____

City: _____ State _____ Zip _____

Home phone: _____ work phone: _____ cell phone _____

Religion: _____ Marital Status: _____

Education: _____ Employer: _____

Occupation: _____

Social Security Number: _____ E-mail address: _____

Mother

Last name _____ First name: _____

Address:

_____ City: _____
_____ State _____ Zip _____

Home phone: _____ work phone: _____ cell phone _____

Religion: _____ Marital Status: _____

Education: _____ Employer: _____

Occupation: _____

Social Security Number: _____ E-mail address: _____

Other Step Father _____ Step Mother _____ Legal Guardian _____ Other _____ Relationship _____

Name _____
last name first name

Address: _____

City: _____ State _____ Zip _____

Home phone: _____ work phone: _____ cell phone _____

Religion: _____ Marital Status: _____

Education: _____ Employer: _____

Occupation: _____

Social Security Number: _____ E-mail address: _____

Brother and Sister in the family- List in birth order-oldest first

Name	Date of birth	Religion	School attending	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature _____ Date _____

For office use only: birth certificate _____ Report card _____ Social Security _____
Baptismal certificate _____ Immunization _____ Records requested _____
Records received _____