

St. Mary Our Mother School

Diocese of Rochester

Department of Catholic Schools

New Student Registration Form

Date of Registration _____

Entering Grade _____

Please Print

Student Name _____ Male _____ Female _____

Last Name

First Name

MI

Address _____ Home Phone () _____

Street

Cell Phone () _____

Public school district where student resides _____

City/Town State Zip

Birthdate ____/____/____ Birthplace _____

(Kindergarten students must be five by Dec. 1)

(City/Town)

(State)

Please Check

American Indian/ Black or Asian or Native Pacific/ Multi-
Alaskan Native _____ African American _____ Other Pacific Islander _____ White _____ Racial _____

Is the student Hispanic, Latino or of Spanish origin (a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)? No _____ Yes, Hispanic _____

If birthplace was not the United States, please give the date & location the student was first enrolled in a US School
Date _____ Location _____ Number of Years in US Schools _____

Last school attended _____ Grade _____

School Street Address City/Town State Zip

Does the student have a: 504 Plan _____ IEP _____ Receive Academic Intervention Services? _____

Child lives with _____ Relationship to student _____

Parent/Guardian (as you wish your name to appear on official communication)

(Circle One)

M/M Dr. Mr. Mrs. Miss Ms. _____

Last Name

First

MI

Mailing Address _____ Phone () _____

Street

City/Town

State

Zip

Email Address _____

Please print

Student's Religion _____ Family registered in _____ Parish/Church

Baptism: Date _____ Church _____ Location _____

First Penance: Date _____ Church _____ Location _____

First Eucharist: Date _____ Church _____ Location _____

Confirmation: Date _____ Church _____ Location _____

How did you hear about us?

Website _____

Friend _____

Advertisement _____

Other _____

Family Member _____

OFFICE USE ONLY:

VALIDATION OF RECORDS

Birth Certificate _____

Baptismal Record _____

Official School Records _____

Immunization Record _____

Student ID # _____

Proof of Residency _____

Continued on back

FAMILY INFORMATION

(complete the information for both mother , father and/or legal guardian)

FATHER

MOTHER

LEGAL GUARDIAN

(Maiden Name)

Name: First _____

Last _____

MI _____

Address: Street _____

City/Town _____

State/Zip _____

Birthplace _____

Birthdate _____

Religion _____

Citizenship (Country) _____

Education: Last Grade Completed in School _____

Occupation _____

Place of Business _____

Address _____

Business Phone _____

Cell Phone _____

Other Language(s) spoken in home _____

CHECK ALL THAT APPLY:

Married _____

Widowed (give date) _____

Divorced _____

Separated _____

Remarried _____

Single _____

Other children in the family:

| Name(s): | Last | First | Date of Birth | School or Other Info. |
|----------|-------|-------|---------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |