



St. Germaine School Registration Form

A non-refundable registration fee of \$100 must accompany this registration.
The fee will be deducted from Book & Materials fee for the next year

Catholic Non-Catholic / Parishioner yes No

Enrollment Date _____

Student's Last Name _____ First Name _____ Middle Name _____ M F
 Date of Birth _____ Place of Birth _____ Gender _____

Address _____

City _____ Zip Code _____ Home Phone _____

Cell phone (Mother) _____ (Father) _____

Email address _____

School Last Attended _____

School Address _____

City _____ State _____ Zip Code _____

Sacramental Information

Baptism: Date _____ Church _____ City _____

Eucharist: Date _____ Church _____ City _____

Confirmation Date _____ Church _____ City _____

Family Information

| | Last Name | First Name | Place of Birth | Religion | Education Level |
|--------------------------------|-----------|------------|----------------|----------|-----------------|
| Father | | | | | |
| Mother | | | | | |
| Other Guardian/ Step-Parent | | | | | |

Father's Occupation _____ Business Phone _____

Mother's Occupation _____ Business Phone _____

Family Status: Married Separated Divorced _____ (Other)

Child lives with: Both parents Mother Father _____ (Other)

Youngest/Only Child: Yes No

Enrollment for

____ 3-day Half-Day Pre-
 ____ 5 day Half-day Pre-
 ____ 5 day Full day Pre-sch
 ____ Full day Kindergarten
 ____ Half day Kindergarten
 ____ Grade 1-8
 Indicate Grade _____

Document Check:

____ Birth certificate
 ____ Certificate # _____
 ____ Baptismal certificate
 ____ Parish Registration

Documents Given

____ Student Profile Questions
 ____ Health Forms
 ____ School Brochure
 ____ Information Sheet
 ____ Parent Request for Release of Records

| Sibling's Names | Date of Birth | Gender |
|-----------------|---------------|--------|
| | | |
| | | |
| | | |

Language (other than English) spoken at home _____

Publish address in school directory? Yes No

Student Health Information

Does the child have any physical disabilities which restrict participation in school? _____

If "yes," please explain the condition and limits it imposes _____

Does the child have any allergies? _____

Does the child take any prescription medication on a regular basis? _____

If "yes," please identify _____

Parent Signature