

St. Dominic Church
Student Registration Form

Student Registration: _____

Family ID #:	Today's Date: ____ / ____ / ____		
Family Name:	Head of Household:		Spouse:
	Last Name: _____		Last Name: _____
	First Name: _____		First Name: _____
	Title: _____		Title: _____
	Suffix: _____		
Family Info:	Registered: ____ / ____ / ____	Family Status: _____	
	Street Address Line 1: _____		
	Street Address Line 2: _____		
	Street City/State: _____		Street Zip: _____
	Geo. Area Number: _____		
	Phone Number	Description	Unlisted?
	_____	Home/Office/Cell/Other	Yes/No
	_____	Home/Office/Cell/Other	Yes/No
	Email: _____		Send Email when possible? ____
	Parish: _____		
Mailing Addr.: (if different than street):	Mailing Address Line 1: _____		
	Mailing Address Line 2: _____		
	Mailing City/State: _____		Mailing Zip: _____
Parent/ Guardian Info.:	Father/Guardian Information:		
	Name: _____		
	Relationship: _____	Phones: _____	
	Marital Status: _____	Email: _____	
	Religion: _____		
	Occupation: _____		
	Location: _____		
	Mother/Guardian Information:		
	Name: _____		
	Relationship: _____	Phones: _____	
	Marital Status: _____	Email: _____	
	Religion: _____		
	Occupation: _____		
	Location: _____		
	Student Name:	Last Name: _____	
First Name: _____			
Middle: _____			
Nickname: _____			
Title: _____			
Suffix: _____			
Classes:	Class: _____	Room: _____	Times: _____
	Days: _____		
	Class: _____	Room: _____	Times: _____
	Days: _____		

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Personal:	Relationship: _____ Type: _____ Grade: _____ Gender: _____ Language: _____ Birthdate: _____ Ethnicity: _____ Religion: _____ School: _____ Occupation: _____ Location: _____
Phone/Email:	Phone: _____ Type: Home/Office/Cell/Other: _____ Unlisted? _____ Phone: _____ Type: Home/Office/Cell/Other: _____ Unlisted? _____ Email: _____ Type: Home/Office/Other: _____ Prefer Email? _____
Sacraments:	Birthplace: _____ Father: _____ Mother: _____ Mother's Maiden Name: _____ Baptism: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____ Reconcil: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____ 1st Comm: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____ Confirm: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____ Penance:: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____
Emergency Contact/ Birth Parent Information:	Name: _____ Relationship: _____ Send Courtesy Copies? _____ Address: _____ City/State: _____ Zip: _____ Prefer Email? _____ Email: _____ Marital Status: _____ Notes: _____ Religion: _____ Phones: _____ Type: Home/Office/Cell/Other: _____ Unlisted? _____ Type: Home/Office/Cell/Other: _____ Unlisted? _____