|  | ON<br>                 |  |
|--|------------------------|--|
| Address City State  Phone (Home) Work Cell (Mother) Cell (Father)  Mother's E-mail  Father's E-mail  Father's E-mail  Father's E-mail  Father's E-mail                                   |                        |  |
| Phone (Home) Work Cell (Mother) Cell (Father)  Mother's E-mail Father's E-mail  TUDENT INFORMATION: Please print full name and date of birth of each child in the family registering for | Mother's First Name    |  |
| Mother's E-mail  Father's E-mail  TUDENT INFORMATION: Please print full name and date of birth of each child in the family registering for   | Zip                    |  |
| STUDENT INFORMATION: Please print full name and date of birth of each child in the family registering for  | er)                    |  |
| TUDENT INFORMATION: Please print full name and date of birth of each child in the family registering for   |                        |  |
|  | <sup>-</sup> St. Monic |  |
| Grade Sept. 2022 CHILD'S FULL NAME Date of Birth Grade Sept. 2022 CHILD'S FULL NAME Date   | e of Birth             |  |
| К 5  |                        |  |
| 1 6  |                        |  |
| 2 7  |                        |  |
| 3 8  |                        |  |
| 4  |                        |  |
| RELIGIOUS STATUS CatholicNon-Catholic  PARISH INFORMATION IF CATHOLIC  We are registration and regularly worship in parish   |                        |  |

## MARITAL INFORMATION Please the following

| Parents living together | Parents separated | Mother Remarried |  |
|-------------------------|-------------------|------------------|--|
|                         | Parents divorced  | Father Remarried |  |
| Mother deceased         | Father deceased   |                  |  |

## **PUPIL LIVES WITH:**

| Both parents |  | Mother              |  | Father              |  |
|--------------|--|---------------------|--|---------------------|--|
|              |  | Mother & Stepfather |  | Father & Stepmother |  |

|                      | Mother & Stepfath                                    | ner   Fa         | ther & Stepmother          |                     |
|----------------------|--|------------------|----------------------------|---------------------|
|                      | ATION Please send a co<br>al copy in order to follow |                  | papers to the office if yo | u have not done so. |
| Special Custody Info |  | W castody oracis |                            |                     |
| special custody init | Jimation   |                  |                            |                     |
| FILL IN THE COLUM    | NS FOR PERSONS WITH                                  | WHOM CHILD IS LI | VING:                      |                     |
|                      | NATURAL Mother                                       | Stepmother       | NATURAL Father             | Stepfather          |
| First Name           |  |                  |                            |                     |
| Maiden Name          |  |                  |                            |                     |
| Religion             |  |                  |                            |                     |
| Country of Birth     |  |                  |                            |                     |
| Data of Birth        |  |                  |                            |                     |

| Maiden Name      |                   |                   |  |
|------------------|-------------------|-------------------|--|
| Religion         |                   |                   |  |
| Country of Birth |                   |                   |  |
| Date of Birth    |                   |                   |  |
| Occupation       |                   |                   |  |
| Company          |                   |                   |  |
| Address          |                   |                   |  |
| Business No.     |                   |                   |  |
| Home No.         |                   |                   |  |
| Education        |                   |                   |  |
|                  | Last Grade/Degree | Last Grade/Degree |  |
|                  |                   |                   |  |

| Parent Signature:  |     |    |             |              |
|--|-----|----|-------------|--------------|
| NEW FAMILIES ONLY:   |     |    |             |              |
| No application will be processed unless all forms ( <u>tuitio</u> records, social security and registration fee) are submitted |     |    | e, baptism, | immunization |
| Have you ever applied to St. Monica School before?   | Yes | No | When        |              |