

ST. MONICA SCHOOL

NEW STUDENT INFORMATION

GRADES K-8 \_\_\_\_\_

2022-2023

ENTERING GRADE \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS

DATE OF REGISTRATION \_\_\_\_\_

REGISTRATION FEE \$150.00 Pd. \_\_\_\_\_

NEW STUDENT INFORMATION

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address _____	City _____	State _____	Zip _____

Home Phone # \_\_\_\_\_ Current Grade \_\_\_\_\_ Grade in September \_\_\_\_\_

Current School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

FULL NAME OF FAMILY WITH WHOM CHILD LIVES \_\_\_\_\_

FATHER'S NAME (first) \_\_\_\_\_ (Last) \_\_\_\_\_

MOTHER'S NAME (first) \_\_\_\_\_ (Last) \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

RELIGION OF CHILD	ETHNIC ORIGIN OF CHILD	SIBLINGS
Catholic _____ Other _____	_____ White _____ Black _____	_____ #Older _____ # in Catholic High School
	_____ Hispanic _____ Asian _____	_____ # Younger _____ #in Public School
	_____ American Indian _____ Other _____	

BAPTISM

Date _____	Church _____	City _____	State _____	Verified _____
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FIRST PENANCE

Date _____	Church _____	City _____	State _____	Verified _____
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FIRST COMMUNION

Date _____	Church _____	City _____	State _____	Verified _____
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CONFIRMATION

Date _____	Church _____	City _____	State _____	Verified _____
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PLEASE COMPLETE INFORMATION ON OTHER SIDE

MEDICAL HISTORY

PLEASE INDICATE ANY PERTINENT MEDICAL INFORMATION (eye/hearing disorder, asthma, allergies

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SPECIAL CUSTODY ARRANGEMENTS- Custody papers must be on file in school

Who has custody of child if not parent? \_\_\_\_\_

Relationship of custodial parent \_\_\_\_\_

Is there anything we need to know about custody orders \_\_\_\_\_

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WHY DO YOU WANT YOUR CHILD TO ATTEND ST. MONICA SCHOOL?

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IS THERE ANY OTHER INFORMATION THAT YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD?

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