



St. Patrick School and Educational Center

311 Adams St. Lowell, MA 01854

Phone: 978-458-4232

2021-2022 Registration

Student Information

Student Name: _____
 Address: _____
 First Middle Last
 # Street City State Zip
 Date of Birth _____ Place of Birth: _____
 Gender: M / F Age: _____ Present Grade: _____ Grade 2021-2022 _____

Mother's Information

Mother's Name: _____
 Address: _____
 # Street City State Zip
 Home Phone: _____ Cell Phone: _____
 Employer Name: _____ Work Phone: _____
 Place of Birth: _____ Religion: _____
 Preferred Language: _____

Father's Information

Father's Name: _____
 Address: _____
 # Street City State Zip
 Home Phone: _____ Cell Phone: _____
 Employer Name: _____ Work Phone: _____
 Place of Birth: _____ Religion: _____
 Preferred Language: _____

Family Information

Languages Spoken at home: _____
 Number of children in the family: _____ Ages: _____
 Parish/church/temple to which you and your child belong:
 Name: _____
 Address: _____

(please turn over)

