

NEW STUDENT REGISTRATION RECORD -HOLY CROSS SCHOOL

DIOCESE OF ROCHESTER ELEMENTARY SCHOOLS

Registration for: Holy Cross School Date of registration: _____

Date of entrance into new school: _____ Grade level entering: _____

Please print

Name: _____ Male _____ Female _____
Last name First name Middle

Address: _____ Phone () _____ Unlisted Yes ___ No ___
Street

Public school district where student resides: _____
City / State / Zip

E-Mail: _____ E-Mail: _____

Birthdate: _____ City/State of Birth: _____ Birth certificate attached: _____

Please check all that apply

American Indian or Black (not Asian/ White (not
Alaskan Native _____ Hispanic origin) _____ Pacific _____ Hispanic _____ Hispanic Origin) _____

Last school attended: _____ Grade: _____

Street City / Town State Zip

Child lives with: _____ Relationship to student: _____

Parent/Guardian (as you wish your name to appear on official communication)

Circle one

M/M Mr. Mrs. Miss Ms. _____
Last name First Mi

Mailing address: _____ Phone _____
Street City/Town State Zip

Medical insurance company: _____ Policy # _____

Person to be contacted in case of an emergency if parent/guardian cannot be reached:

Name: _____ Relationship: _____

Address: _____ Phone _____

Student's religion: _____ Family registered in _____ Parish/Church

Other children in the family: (Please print)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

FAMILY INFORMATION

| | Father | Mother <i>Maiden Name:</i> | Parent Substitute <i>Relationship:</i> |
|---|--------|-------------------------------|---|
| First Last MI | | | |
| Street City/Town State Zip | | | |
| Birthplace | | | |
| Year of birth | | | |
| Religion | | | |
| Citizenship (Country) | | | |
| Last grade of school completed | | | |
| Cell Phone Number | | | |
| E-Mail Address | | | |
| Occupation | | | |
| Company | | | |
| Business address | | | |
| Business phone | | | |
| Other language(s) Spoken in the home | | | |
| <u>Check any that apply</u> | | | |
| a. Married | | | |
| b. Deceased (give date) | | | |
| c. Divorced | | | |
| d. Separated | | | |
| e. Remarried | | | |
| f. Single | | | |

| | | | |
|---------------------------------------|--------------|----------------|------------------|
| Baptism | Date: | Church: | Location: |
| 1st Communion | Date: | Church: | Location: |
| 1st Penance Program | Date: | Church: | Location: |
| Confirmation: | Date: | Church: | Location: |

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| <p>FOR OFFICE USE ONLY: VALIDATION OF RECORDS</p> <p>Birth certificate: _____</p> <p>Baptismal record: _____</p> <p>Immunization record: _____</p> |
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