# OUR LADY OF THE ASSUMPTION SCHOOL
# KINDERGARTEN REGISTRATION

(STUDENT'S)

LAST NAME: _____ DATE: _____
(STUDENT'S)

FIRST NAME: _____ BIRTHDATE: _____

RACE: _____ BIRTHPLACE: _____

AGE:(as of 8/31) _____

RELIGION: _____ PARISH NAME & LOCATION: _____

DATE OF BAPTISM: _____ PLACE OF BAPTISM: _____

STUDENT'S HOME ADDRESS:

STREET: _____ CITY/ZIP: _____

HOME PHONE: (_____) _____ LIVES WITH: ( ) MOTHER ( ) FATHER ( ) BOTH
( ) GRANDPARENT ( ) OTHER
_____

BROTHER/SISTER
#1 _____ GRADE: _____

#2 _____ GRADE: _____

#3 _____ GRADE: _____

PARENT INFORMATION

| MOTHER | FATHER |
|---|---|
| LAST NAME: _____ | _____ |
| FIRST NAME: _____ | _____ |
| MAIDEN NAME: _____ | |
| PLACE OF BIRTH: _____ | _____ |
| RELIGION: _____ | _____ |
| STREET: _____ | _____ |
| CITY/ZIP: _____ | _____ |
| OCCUPATION: _____ | _____ |
| HOME PHONE: (_____) _____ | (_____) _____ |
| WORK PHONE: (_____) _____ | (_____) _____ |
| CELL PHONE: (_____) _____ | (_____) _____ |

E-MAIL ADDRESS: _____
_____

BIRTH CERTIFICATE AND BAPTISMAL RECORD REQUIRED FOR PRESCHOOL AND KINDERGARTEN

Parent Signature: _____