

ST. HELEN SCHOOL REGISTRATION FORM

Name: _____

Address: _____ Zip: _____

Social Security #: _____ Cell: _____
Home: _____

Birth date: _____ Birthplace: _____

Race: _____ Male: _____ Female: _____ Religion: _____

Bus Transportation: Yes: _____ No: _____ System: _____

Name of Father/Guardian: _____

____ Birth Father ____ Stepfather ____ Guardian Home & Cell _____
Work Phone: _____

Birthplace: _____ Deceased: _____ Marital Status: _____

Occupation: _____ Religion: _____

Maiden Name of Mother/Guardian: _____

Home & Cell if different than above _____

____ Birth Mother ____ Stepmother ____ Guardian Work Phone: _____

Birthplace: _____ Deceased: _____ Marital Status: _____

Occupation: _____ Religion: _____

Student lives with:

____ Mother & Father ____ Mother Only ____ Mother & Stepfather
____ Father & Stepmother ____ Father Only ____ Other

Parent/Guardian name(s) to be used on all correspondence (Mr. & Mrs., Ms., Rank, etc.) _____

e-mail address(es) _____

Entrance Date	Admitted From School/State	For Grade

SACRAMENTS	RECEIVED YES OR NO	DATE	CHURCH	CITY/STATE
Baptism				
First Communion				
Penance				
Confirmation				