

**ST. STEPHEN SCHOOL REGISTRATION
2010 – 2011**

KINDERGARTEN

Household Name: _____ **Household Language:** _____

Household Address: _____

Telephone: _____ E-mail: _____
Area Code

Father's Name: _____
Last First Full Middle Suffix

Father's e-mail: _____ Cell Phone: _____

Father's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

Mother's Name: _____
Last First Full Middle Maiden

Mother's e-mail: _____ Cell Phone: _____

Mother's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

Guardian Name: _____ Guardian e-mail: _____
(If applicable)

Guardian Address: _____

Telephone: _____ Cell Phone: _____

Student Legal Name: _____
Last First Middle Suffix

Address: _____

Telephone: _____ **Birth Date:** _____

Birth Place: _____ Date Entered United States _____
City State Country (If outside the United States)

Parish Affiliation: _____ Religion: _____

Present School _____ Nickname: _____

CONTINUED ON BACK → → → → → → → →

Check where appropriate: Parents together Parents Divorced Parents Separated
 * If parents are divorced, a copy of the custody agreement must be provided to the school

Student resides with: Both Parents Mother Father Guardian

Student Ethnicity: Caucasian Black Hispanic Asian Alaskan Multiracial American Indian

Siblings (Names & Ages): _____

Paternal Grandparents: _____

Address: _____

Maternal Grandparents: _____

Address: _____

Emergency Contacts besides parent(s), grandparent(s), guardian(s):

Name: _____ Relationship to Student: _____
 Address: _____ Telephone #: _____
 Business Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____
 Address: _____ Telephone #: _____
 Business Phone: _____ Cell Phone: _____

SACRAMENT	DATE	CHURCH	CITY/TOWN
Baptism			
First Penance			
First Eucharist			

OFFICE USE ONLY

Registration Fee: Date _____ \$ _____ Check / Cash _____

Birth Certificate Baptismal Bus Form Health History

Textbook Request *Physical Exam Form **Immunization

* New York State Law requires that new students, children in Pre-K, Kindergarten, Grades 2, 4, and 7 have a physical.

** If immunizations are not received within two weeks after school has started, you will be called to pick up your child from school. If you have moved here from out of state, you will have 30 days to have the immunizations sent to school.