

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

RETURNING STUDENT

GRADE: _____

Student Legal Name: _____
Last First Middle Suffix

Address: _____

Telephone: _____ **Birth Date:** _____

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

Parish Affiliation: _____ **Religion:** _____

Present School _____ **Nickname:** _____



COMPLETE BELOW ONLY IF DIFFERENT FROM PREVIOUS YEAR

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

Household Address: _____

Telephone: _____ *Area Code* **E-mail:** _____

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: _____ **Cell Phone:** _____
Telephone: _____

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: _____

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.