

ARCHDIOCESE OF SAN ANTONIO 2009-2010 REGISTRATION FORM



Date: _____ Student Name: _____ Boy Girl
 DOB: _____ SS# _____ School: _____ US Citizen: Yes No Country of Birth _____

Home Address: _____ Phone: () _____
 Street City Zip

Languages Spoken at Home: _____ Student's Religion: _____ Church Attending: _____

Father's Name: _____ Single Separated Married Religion: _____ Phone: () _____
 Last First Middle Deceased Remarried Divorced Occupation: _____

Mother's Name: _____ Single Separated Married Religion: () _____
 Last First Middle Deceased Remarried Divorced Occupation: _____

Mother's Education: High School College Other Bus. No. () _____

Father's Education: High School College Other Bus. No. () _____

Guardian: _____ Relation to Student: _____ Number of Children in Family: _____ Boys: _____ Girls: _____

Student's Legal Address: _____ Phone: () _____ Student's Sibling Rank: _____
 Street City Zip

Public School District to Which Student Belongs: _____ Public School Which Student Would Attend: _____

District Number: _____ County: _____ Date of Entry: _____ Grade Entered: _____

Transferred From: _____

	BAPTISM	FIRST HOLY COMMUNION	CONFIRMATION
CHURCH			
DATE			
CITY/ STATE			

- STUDENT ETHNICITY**
- _____ American Indian/Native Alaskan
 - _____ Asian
 - _____ Black
 - _____ Hispanic
 - _____ Native Hawaiian/Pacific Islander
 - _____ White
 - _____ Multi Racial