

BOSCO CATHOLIC SCHOOL SYSTEM REGISTRATION

Student's Name					
Last	First (legal)		Middle (must include)	First (preferred)	
Address	please include PO Box		City	Zip	
Phone		Female	Age O	Grade	
Date of Birth	PI	ace of Bi	rth		
Month Day Ye	ear		City	State	
Email Address					
Parish where parents are rec					
Family Information					
Student lives with: Both paren	ts Mother Fa	ther Oth	ner		
Mother's Name					
First	Last	(Maiden)			
Father's Name	Last		Religion		
Guardian's Name			Religion		
(if not living with parents)					
Father's Occupation		_ Place	of Employment _		
Mother's Occupation		Place	of Employment _		
Record of Sacraments					
Date	<u>Church</u>		City	<u>State</u>	
Baptism					
First Eucharist					
Medical Information					
Family Doctor			Allergies		
	of regular medication for your child Reason				
Any medical condition which co	-				
School Information					
School district of residence (circle	one) Waterloo Je	sup Union	Dunkerton Other		
School last attended		A	ddress		
	Resident County				
	y having our students noly days; prayer; sen	participate in	n religion classes; st	udent liturgies/prayer	
(circle one) init		email addre	es with our BCSS of	arent ambassadors?	

Do you grant permission to share your phone number and email address with our BCSS parent ambassadors? Yes No

(circle one) initial