

BOSCO CATHOLIC SCHOOL SYSTEM REGISTRATION

Student's Name	ast	First (legal)		liddle (must include)	First (preferred)
		i ii St (iegai)	IV	indaio (must include)	i iist (preierreu)
Address		include PO Box		City	Zip
Male Female (circle one)	Grade Entering			Date of Birth	
Race/Ethnicity			Resident	County	
Parish where paren	ts are registere	d			
Student lives with:	Both parents	Mother	Father	Other	
Mother:	First		(Maiden)	Religion _	
Cell Phone		Email Ad	ddress		
Occupation		Place	of Emplo	yment	
Father:	First			Religion	
Cell Phone		Email Ad	ddress		
Occupation		Place	of Emplo	yment	
Guardian's Name (if not living with parents)				Religion _	
Record of Sacrame	nts				
DaBaptism		Church		City	State
First Eucharist					
Medical Information Family Doctor Name of regular medic					
Any medical condition	which could affect	the child's lea	arning or th	at teachers shoul	d know
	•				Other
	our school by have n designated holy um. Yes No (circle one) to share your phone	ving our stude days; prayer; 	nts particip service lea 	ate in religion clas rning; and teachir	