

**Saint Christopher School
Family Registration & Enrollment Form**

School Year: 2009-2010 Check New or Returning student

Student Name: _____ M/F _____

Student's Address: _____

Date of Birth: _____ Place of Birth: _____

Present School: _____ Present Grade: _____ Grade in Fall: _____

Family Religious Affiliation: _____ Parish & Location: _____

Home Info

Parental Status: Married Separated Divorced Remarried Single Widow/Widower
 Other

Students Live With: Both Parents Mother Father Mother/Stepfather
 Father/Stepmother Grandparents Guardian

Language spoken at home: English Spanish Other: _____

Race* (Optional, for statistical purposes only) :

- American Indian/Native Alaskan
- Asian
- Black
- Hispanic
- Pacific Islander/Native Hawaiian
- White
- Multi-Racial

Has your child ever been serviced for:

- Speech & Language
- Learning Disability
- Special Education
- Other _____

Fill in the address of the person/s with whom the student lives.

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address _____

Is either parent a graduate of St. Christopher School? Yes _____ or No _____

How did you hear about St. Christopher School (new students only)? _____

* St. Christopher School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission policies.

If the student is a Catholic, enter the following information if you have not previously submitted it.

Baptism Date: _____ Parish & Location: _____
First Reconciliation Date: _____ Parish & Location: _____
First Communion Date: _____ Parish & Location: _____

Father

Name: _____
Occupation: _____
Employer: _____
Bus. Phone: _____
Cell Phone: _____
E-Mail: _____
Father Religion: _____

Mother

Name: _____
Occupation: _____
Employer: _____
Bus. Phone: _____
Cell Phone: _____
E-Mail: _____
Mother Religion: _____
Maiden Name: _____

Transportation

List anyone else who may pick up your student and relationship (e.g. aunt, neighbor).

Emergency Contact

List a person who can be contacted in case of an emergency if Parent/Guardian is not available.

Name: _____ Phone: _____

Medical

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Hospital: _____

If a non-custodial parent or guardian should receive academic information from the school, enter that information below.

Name: _____ Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Payment Options:

- Pay in full
- 10 Monthly Payments
- I am interested in learning more about Tuition Assistance.

Prior to enrollment, a Health Assessment Record, a Birth Certificate, and a Baptismal Certificate, if not baptized at St. Christopher Parish, must be presented.

Signature of Parent or Guardian _____ Date: _____

Please submit the Family Registration Fee (one fee per family) of \$50 with this form. Your family will not be considered registered for the 2009-2010 school year until the form and fee are received.