

The Unified Schools of St. Mary Magdalen and St. John the Evangelist Family Registration Form

School Year: _____ Family Last Name: _____ Check New or Returning family
 Family Religious Affiliation: _____ Parish: _____

Home Info

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

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

Language spoken at home: English Spanish Other: _____

Fill in the address of the person/s with whom the students live.

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

Home Phone: _____ Silent Number. Other Phone: _____

Email Address _____ Exclude email from School Directory

If the family email address would be the same as the father or mother's email address, leave this blank.

Exclude family from the School Directory Exclude Address from School Directory

Father

Name: _____

Occupation: _____

Employer: _____

Cell Phone: _____

Exclude Father Cell from School Directory

Bus. Phone: _____

Father Email: _____

Exclude Father Email from School Directory

Religion: _____

Mother

Name: _____

Occupation: _____

Employer: _____

Cell Phone: _____

Exclude Mother Cell from School Directory

Bus. Phone: _____

Mother Email: _____

Exclude Mother Email from School Directory

Religion: _____ Maiden Name: _____

Other Children Living at this Home

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Other Adults Living at this Home

Transportation

List anyone else who may pick up your students.

Emergency Contact

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

Name: _____ Phone: _____

Name 2: _____ Phone 2: _____

Medical

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____

If a second family should receive information from the school, enter that information below.

Name: _____ Relationship to Student/s: _____

Address: _____

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

Comments: Enter any additional comments about your family you feel the school should have. _____

Parent Signature _____ Date _____

For Office Use Only:

Date Received: _____ Fee Paid: _____

Received By: _____ Check # _____ Cash _____