



CATHOLIC SCHOOL

REGISTRATION FORM

SCHOOL YEAR 2019-2020

Name: _____ Grade in September: _____
Last First Middle

Address: _____ City/Town: _____ Zip: _____

Sex: [] Male [] Female Date of Birth: ____/____/____ Place of Birth ____
Mo Day Year City State

School Last Attended: _____
Name City State

Number of Children in Family: Boys: _____ Girls: _____ Number of this Child: _____

How many of your children will be enrolled at ASCS for the school year 2019-2020? _____

Child lives with: [] Both Parents [] Father [] Mother [] Other: _____

Does a legal custody arrangement exist which limits either parent's access to the child or access to his or her records?
Yes _____ No _____ Not applicable _____

*If yes, what is the date of the most recent court document? _____

Father's Name: _____ Catholic? Yes [] No []
Last First

Address (if different than above): _____ City/Town: _____ Zip: _____

Contact Phone: (h) _____ (w) _____ (cell) _____

Email: _____

Employer: _____ Occupation: _____ Education: _____

Mother's Name: _____ Catholic? Yes [] No []
Last First

Address (if different than above): _____ City/Town: _____ Zip: _____

Contact Phone: (h) _____ (w) _____ (cell) _____

Email: _____

Employer: _____ Occupation: _____ Education: _____

(Please complete reverse side)

