

ST. PAUL BASC STUDENT REGISTRATION FORM  
2010-2011

GRADE: \_\_\_\_\_ Registration Fee \$10.00 \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_ CHILD LIVES WITH: \_\_\_\_\_

LEGAL CUSTODY OF CHILD: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_

WORK PHONE NO: \_\_\_\_\_ CELLULAR: \_\_\_\_\_ OTHER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_

WORK PHONE NO: \_\_\_\_\_ CELLULAR: \_\_\_\_\_ OTHER: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_

WORK PHONE NO: \_\_\_\_\_ CELLULAR: \_\_\_\_\_ OTHER: \_\_\_\_\_

PERSONS PERMITTED TO REMOVE CHILD FROM SCHOOL: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_

OTHER PERSONS PERMITTED TO REMOVE CHILD FROM SCHOOL: (MUST BE 18 YEARS OF AGE OR OLDER)

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NAME	RELATIONSHIP	HOME PHONE	WORK PHONE
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NAME	RELATIONSHIP	HOME PHONE	WORK PHONE
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NAME	RELATIONSHIP	HOME PHONE	WORK PHONE
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MEDICAL INFORMATION:

STUDENT'S PHYSICIAN: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

MEDICAL PROBLEMS OR ALLERGIES / MEDICATION:

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IN THE EVENT THAT NO ONE CAN BE CONTACTED, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

RELIGIOUS INFORMATION: RELIGIOUS AFFILIATION: \_\_\_\_\_

NAME OF YOUR CHURCH: \_\_\_\_\_

DOES YOUR CHILD ATTEND CHURCH? \_\_\_\_\_

WOULD YOU LIKE FOR YOUR CHILD TO PARTICIPE IN RELIGIOUS CLASSES? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR CHILD'S TUITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

LANGUAGES SPOKEN AT HOME: \_\_\_\_\_

Receipt of Parent Handbook \_\_\_\_\_

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

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OFFICE USE ONLY:

MONTHLY: \_\_\_\_\_ DROP-IN \_\_\_\_\_ STORY TIME (Only K&1) \_\_\_\_\_ REGISTRATION FEE: \_\_\_\_\_

IMMUNIZATION RECORDS: \_\_\_\_\_

07.24.2010

Subject to Revision