



St. Paul School Enrollment Form

(Your child must turn 5 by July 1 of the current school year to enter into Kindergarten)

Student Information:

School Year: _____

Student Legal Name:

- 1. _____ Grade: _____ Birth Date: _____
Sex: F M
- 2. _____ Grade: _____ Birth Date: _____
Sex: F M
- 3. _____ Grade: _____ Birth Date: _____
Sex: F M

Address _____ City _____ State _____ Zip _____ **County** _____

Student's Race: _____ **Hispanic/Non-Hispanic (Circle One)**

Religion: Catholic: Y/N (Circle One) Parish/Church/Affiliation: _____
If other religion, please list: _____

Family Information: Circle One: Married Divorced Separated
Student lives with: _____ Both Parents _____ Mother _____ Father _____ Grandparents

Mother: Name: (Last, First, Middle) _____
Address: (list if different than above) _____

Street City State Zip
Phone: Home: (____) ____ - ____ **Unlisted Y/N** **Cellular:** (____) ____ - ____
Employer: _____ Work Number: (____) ____ - ____ Ext: ____
Occupation: _____ **email address:** _____

Father: Name: (Last, First, Middle) _____
Address: (list if different than above) _____

Street City State Zip
Phone: Home: (____) ____ - ____ **Unlisted Y/N** **Cellular:** (____) ____ - ____
Employer: _____ Work Number (____) ____ - ____ Ext: ____
Occupation: _____ **email address:** _____

Emergency Contact: (Person other than parent or guardian who could be contacted in case of emergency)

Additional Contact: (Specify Relationship): _____
Name: (Last, First, Middle) _____
Phone: Home: (____) ____ - ____ Unlisted Y/N Cellular: (____) ____ - ____

For Office Use Only:
\$100.00 Pre-Registration Paid cash/check# _____ Date paid: _____
(This deposit is non-refundable)