# Good Shepherd Catholic School
## Registration Form

Office Use Only:
Fee Paid: _____ Date: _____
Check #_____ Cash _____

SN:_____ PN: _____

**Student's Name**_____ **Date:**_____
**Last** **First** **Middle**

Date of Birth_____ Place_____
Month Day Year City State

Address: _____ Phone: _____
Number & Street City Zip

Religion: Catholic ( ) Other: (Please Specify) _____ Parish:_____

_____
Baptism Date Church Address City & State Verified By

_____
First Communion Church City & State Penance Church

_____
Confirmation Church City & State

School Previously Attended: _____ Grade Entering_____

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_____ (Yes)___(No)___ _____
Father's Name (Last) First US Citizen Religion

_____
Occupation Employer Work Phone

_____ (Yes)___(No)___ _____
Mother's Maiden Name First US Citizen Religion

_____
Occupation Employer Work Phone

Home Conditions: Traditional ( ) Father Deceased ( ) Mother Deceased ( ) Mixed Religion ( )
Parents Divorced ( ) Parents Separated ( ) Father Remarried ( ) Mother Remarried ( )

_____ (Yes) ___(No)___ _____
Step Parent's Last Name First US Citizen Religion

_____
Occupation Employer Work Phone

_____
Name of person with whom pupil lives if other than above Relationship