Diocese of Fort Wayne – South Bend

St. Therese – Student Re-enrollment

(Each student attending St. Therese must have this form on file)

[Please Print]

Office Use Only
Last Name: _____
Student ID: _____
Baptism Certificate on file? _____
Birth Certificate on file? _____

Entering Grade _____ in **2017-2018.**

Student's Name: _____ Sex _____
First (Middle) Last

Date of Birth _____ City, State & Country of Birth _____

Address: _____
(Street Address)

_____
(City, State, Zip)

Home Phone: _____

Email Address: _____

Medical Condition: (Allergy, Asthma, Heart Condition, etc. Please be specific):

_____

_____

_____

Parents, please mark each question.

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

___ No, not Hispanic / Latino
___ Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

___ American Indian or Alaskan Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____

If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____

OVER

Diocese of Fort Wayne – South Bend

St. Therese Catholic School

[Please Print!]

Office Use Only - Last Name: _____

School Year **2017-2018** ____ Returning Family _____ New Family Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information

_____
First Name Last Name

____ Living _____ Deceased

Education (check highest level reached):

____ Grade School _____ High School ____ College Courses

____ College Degree _____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Father's or Guardian's Information

_____
First Name Last Name

____ Living _____ Deceased

Education (check highest level reached):

____ Grade School _____ High School ____ College Courses

____ College Degree _____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

List Children who will attend (insert school name):

NAME	BIRTH DATE (mon/day/year)	AGE
1		
2		
3		
4		
5		

List all other children in family:

NAME	BIRTH DATE (mon/day/year)	AGE
1		
2		
3		
4		
5		

Children live with: _____ Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather

_____ Other: _____

Parents' Marital Status: ____ Married _____ Single, never married _____ Divorced* _____ Separated*

____ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent *read* English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE COMPLETE THE OTHER SIDE