



**ST. CHARLES SCHOOL  
K3 - 8  
NEW STUDENT REGISTRATION  
FORM  
2018 - 2019**

Office Use Only Fees Pd _____ Release Sent ____ Recv'd ____ B.C. Verified _____
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**FAMILY INFORMATION**

**Date:** \_\_\_\_\_  
**Family's Last Name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Family E-Mail** \_\_\_\_\_  
**St Charles Parish Member** Yes \_\_\_\_\_  
 No \_\_\_\_\_ **We are members of :** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_  
**Mother's Maiden Name:** \_\_\_\_\_  
**Race:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
**Religion:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Place of Work:** \_\_\_\_\_ **Place of Work:** \_\_\_\_\_  
**Work Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**STUDENT INFORMATION**

**Child(ren) lives with: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_**

Last Name	First Name	Middle Name	Race	Gender	Birth Date	Grade	2018 - 2019
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**NEW STUDENT INFORMATION**

**Date of Baptism:** \_\_\_\_\_  
**Place of Baptism:** \_\_\_\_\_  
**Date of First Communion:** \_\_\_\_\_  
**Last School Attended:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**OTHER THAN PARENTS - EMERGENCY CONTACT INFORMATION**

**Contact Person:**  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
**Physician:** **Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_  
**Significant Health Data:** \_\_\_\_\_  
 \_\_\_\_\_

According to your home address, which public school would your child(ren) attend for the 2018/19 school year:

\_\_\_\_\_