

DE SALES SCHOOL
New Student Registration

Child's Full Name (first, middle, last) _____

Date of birth: _____ Place of Birth: _____

Name of Father _____ Name of Mother _____

Responsible party other than parent:

Name of Male Guardian _____ Name of Female Guardian _____

A copy of Court custodial documents is needed, if applicable.

Home Address _____

Home Phone _____ County of Residence: _____

School District of Residence: _____

Preferred email address(es) for school notes/info: _____

Father/Male Guardian:

Mother/Female Guardian:

Religion _____

Religion _____

Cell Phone: _____

Cell Phone: _____

Employer _____

Employer _____

Empl. City _____

Empl. City _____

Business Phone _____

Business Phone _____

Child's Date of Baptism (Date-Month-Year) _____

Church-City-State _____

If your child was not baptized at St. Francis de Sales in Ossian, we request that you acquire for us, by the opening of the school year, a copy of the baptismal record.

Date of Reconciliation (Date-Month-Year) _____

Church-City-State _____

Date of First Communion (Date-Month-Year) _____

Church-City-State _____