

Holy Angels School Registration Form 2012-2013

Grade _____ (2012-2013)

Student # _____
(Office use)

PLEASE PRINT ALL INFORMATION

Student Information

Last Name _____ First Name _____ Middle Name _____

Gender _____ Birth Date _____ Race _____

Religion _____ Parish _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Mother's Information (Living / Deceased)

Mother's Full Name _____ Maiden _____

Address _____ City _____ State _____ Zip _____
(if different)

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

E-Mail Address _____

Father's Information (Living / Deceased)

Father's Full Name _____

Address _____ City _____ State _____ Zip _____
(if different)

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

E-Mail Address _____

PLEASE COMPLETE SIDE 2.

Guardian's Information (If different from parents)

Guardian's Full Name _____ Relation _____

Address _____ City _____ State _____ Zip _____
(if different)

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

E-Mail Address _____

Emergency Contact (**MUST be completed and different from parent**)

First Contact _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Second Contact _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Health Issues (Please list allergies or other important information)

Insurance Coverage _____ Policy Number _____

Other important information:

Public School District the child resides in: _____

Child lives with (Circle one): Both Parents Mother Father Other

Are their custody arrangements? Yes No (Court Orders must be on file in school office)

Name & age of siblings living at home:

Name	Age
_____	_____
_____	_____
_____	_____