

## St. Teresa of Avila Catholic School Application/Family Registration Form

Date							
<b>STUDENT #1 INFORMATION – NAME AS SHOWN ON BIRTH CERTIFICATE</b>							
Last Name			First Name		Middle Name		Grade Entering
Birthdate	Sex	Student Resides with:		Race: Please choose one. Needed for Diocesan Census <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiiin/Pacific Islander			
Birthplace	Religion		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Native Alaskan				
<b>STUDENT #2 INFORMATION – NAME AS SHOWN ON BIRTH CERTIFICATE</b>							
Last Name			First Name		Middle Name		Grade Entering
Birthdate	Sex	Student Resides with:		Race: Please choose one. Needed for Diocesan Census <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiiin/Pacific Islander			
Birthplace	Religion		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Native Alaskan				
<b>STUDENT #3 INFORMATION – NAME AS SHOWN ON BIRTH CERTIFICATE</b>							
Last Name			First Name		Middle Name		Grade Entering
Birthdate	Sex	Student Resides with:		Race: Please choose one. Needed for Diocesan Census <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiiin/Pacific Islander			
Birthplace	Religion		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Native Alaskan				
<b>STUDENT #4 INFORMATION – NAME AS SHOWN ON BIRTH CERTIFICATE</b>							
Last Name			First Name		Middle Name		Grade Entering
Birthdate	Sex	Student Resides with:		Race: Please choose one. Needed for Diocesan Census <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiiin/Pacific Islander			
Birthplace	Religion		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian/Native Alaskan				

<b>PARENT/GUARDIAN INFORMATION</b>									
Last Name		First Name		MI	Relationship	Employer	Occupation	Work Phone	Cell Phone
Physical Address			Apt.	City		Zip	Home Phone	Religion	
Last Name		First Name		MI	Relationship	Employer	Occupation	Work Phone	Cell Phone
Physical Address			Apt.	City		Zip	Home Phone	Religion	
E-Mail Address for school communications		Address that billing statements and correspondence should be sent to:			Family's Parish Affiliation: <input type="checkbox"/> St. Teresa <input type="checkbox"/> Corpus Christi <input type="checkbox"/> St. Ann <input type="checkbox"/> St. Gall <input type="checkbox"/> Other				
					St. Teresa Envelope # _____				

<b>NON-CUSTODIAL PARENT/GUARDIAN</b>								
Last Name		First Name		MI	Relationship	Employer	Occupation	Work Phone
Physical Address			Apt.	City		Zip	Home Phone	Cell Phone