

ST. BONIFACE SCHOOL

_____ Fee paid

Application for Registration

Current School Year _____

Items marked with an “*” MUST be completed.

St. Boniface/St. Leo Parish Member: Yes No
Non-Parishioner: Yes No
Member of another Catholic Parish: Yes No
Name of Parish: _____

Race: Asian/Pacific Islander
 Black, Non-Hispanic
 Hispanic
 American Indian/Alaskan Native
 White, Non-Hispanic
 Multi-Racial

Today’s Date: _____

*School student attends now: St. Boniface Other: _____

*Current Grade: _____

*Registration for School Year _____

*Name of Student: _____
(first) (middle) (last)

*Parent Phone#: _____

*Address: _____ Apt. # _____ Zip: _____ *Parent Cell #: _____

Child’s Place of Birth: _____ *Date of Birth: ____ / ____ / ____
City State County Mo Da Yr

*Child’s Social Security Number: _____ *Sex: Male Female

	Name	Address	City	State	Zip	Home Phone
*Father:	_____	_____	_____	_____	_____	_____
*Mother:	_____	_____	_____	_____	_____	_____
Step-Parent:	_____	_____	_____	_____	_____	_____
*Guardian:	_____	_____	_____	_____	_____	_____

Circle One:

Family Status of Parents: **Married** **Single** **Divorced** **Separated** **Remarried**
 Mother
 Father

Note: If child is living with one biological parent, any court orders regarding the rights/limitations of the noncustodial parent must be on file in the school office.

*Student is living with: _____ *Relationship: _____

Email Address: _____ Home or Cell Phone #: _____

	Birthplace	Occupation	Employer	Business Phone
Father’s	_____	_____	_____	_____
Mother’s	_____	_____	_____	_____

Religion (Optional): Mother: _____ Father: _____

CATHOLIC SACRAMENTS:

	Baptism	Penance	First Communion	Confirmation
Date:	_____	_____	_____	_____
Church:	_____	_____	_____	_____
City/State:	_____	_____	_____	_____

Names of Other Children in the Family	Birthdate	Living at Home (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____