

**ST. DOMINIC SCHOOL PRE-REGISTRATION FORM
2008-2009 SCHOOL YEAR**

Please Print

Grade Entering _____ Today's Date _____

STUDENT'S LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ PHONE _____
ADDRESS _____ CITY _____ ZIP _____ DOB _____
SEX M or F BIRTHPLACE _____ SCHOOL LAST ATTENDED _____

WAS STUDENT BAPTIZED AT ST. DOMINIC PARISH? YES or NO (if no- a copy of Baptismal Record should accompany this registration)

ARE YOU A MEMBER OF ST. DOMINIC PARISH: YES or NO -If No List Church _____

STUDENT'S RELIGION _____

FATHER'S FULL NAME _____ LIVING: YES or NO -CELL PHONE # _____
(Birth)

PLACE OF EMPLOYMENT _____ WORK # _____

WORK HOURS _____ OCCUPATION _____ RELIGION _____

MOTHER'S FULL NAME _____ LIVING: YES or NO -CELL PHONE # _____
(Birth)

PLACE OF EMPLOYMENT _____ WORK# _____

WORK HOURS _____ OCCUPATION _____ RELIGION _____

STUDENT LIVES WITH: BOTH PARENTS-MOTHER ONLY-FATHER ONLY-MOTHER & STEPFATHER-FATHER & STEPMOTHER
OTHER _____

LEGAL CUSTODY: BOTH PARENTS-FATHER-MOTHER - OTHER _____

CHILD'S DOCTOR _____ DOCTOR'S PHONE _____ HOSPITAL PREFERENCE _____

EMERGENCY PERSON TO CONTACT (LOCAL NAME) _____ PHONE _____

EMERGENCY PERSON'S RELATIONSHIP TO STUDENT _____

2ND EMERGENCY PERSON TO CONTACT (LOCAL NAME) _____ PHONE _____

EMERGENCY PERSON'S RELATIONSHIP TO STUDENT _____

HAS STUDENT EVER RECEIVED SPECIAL EDUCATION SERVICES: Y or N : IF YES EXPLAIN _____

STUDENT'S ETHNIC BACKGROUND (for federal statistics only)
(circle one) Alaskan Native or American Indian Hispanic
Asian or Pacific Islander White, Not Hispanic
Black, not Hispanic Origin

St. Dominic School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities accorded or made available to the students of this school.

SEE REVERSE SIDE

FOR OFFICE USE ONLY

Registration # _____	Records _____	Baptismal Date _____	NF _____
Student # _____	Health Form _____	Eucharist Date _____	NS _____
Envelope# _____	IMM Form _____	Reconciliation _____	Wel _____

IF STUDENT LIVES WITH THE FOLLOWING PLEASE COMPLETE INFORMATION

STEPFATHER:

NAME OF **STEPFATHER** _____ CELL PHONE # _____

PLACE OF EMPLOYMENT _____ PHONE _____

WORK HOURS _____ OCCUPATION _____

STEPMOTHER:

NAME OF **STEPMOTHER** _____ CELL PHONE # _____

PLACE OF EMPLOYMENT _____ PHONE _____

WORK HOURS _____ OCCUPATION _____

COMMENTS: _____

Fill out if more emergency contact persons are needed

3rd EMERGENCY PERSON TO CONTACT (LOCALNAME) _____ PHONE _____

EMERGENCY PERSON'S RELATIONSHIP TO STUDENT _____

4th EMERGENCY PERSON TO CONTACT (LOCAL NAME) _____ PHONE _____

EMERGENCY PERSON'S RELATIONSHIP TO STUDENT _____