

**ST. MONICA SCHOOL  
NEW STUDENT REGISTRATION FORM**

GRADE FOR FALL: \_\_\_\_\_  
 JK/SK session preference\*: \_\_\_ am \_\_\_ pm  
 For the \_\_\_\_\_ - \_\_\_\_\_ SCHOOL YEAR

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Student's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip

Parent's/Guardian's Names: \_\_\_\_\_

Cell Phone #'s: \_\_\_\_\_  
(Father's Phone) (Mother's Phone)

Family's primary e-mail address: \_\_\_\_\_

*Note: Parent/guardians' cell phones & primary e-mail address will be included in the School Family Directory unless the office is notified otherwise in writing.*

**Student's Date of Birth:** \_\_\_\_\_ **City, State, Country of Birth:** \_\_\_\_\_

School Last Attended: (Please include address) \_\_\_\_\_  
 \_\_\_\_\_

**Baptism:** \_\_\_\_\_  
Month, Day, Year Church City State

**First Reconciliation: (Grade/Age Received):** \_\_\_\_\_ **First Eucharist:** \_\_\_\_\_  
Month, Day, Year Church City State

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Name/Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Name/Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Siblings' Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Siblings' Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your family a registered Member of St. Monica Parish? \_\_\_ Yes \_\_\_ No (envelope # \_\_\_\_\_) Or All Saints Parish? \_\_\_ Yes \_\_\_ No

If you are a St. Monica Parishioner, have you completed and returned your Parish Annual Stewardship Pledge of Time, Talent and Treasure? \_\_\_ Yes \_\_\_ No

If you are not a St. Monica Parishioner, please indicate parish/religious affiliation, if any: \_\_\_\_\_

Our family agrees to honor all Archdiocesan, Parish, and School policies. \_\_\_\_\_  
(Parent/Guardian Signature)

\*Jr. Kindergarten or Senior Kindergarten preference requests are not guaranteed. Please see the Priority Registration Policy statement dated 12-15-2011 for details.

**For office use only:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_  
 Check #/Cash: \_\_\_\_\_  
 Registration Deposit: \_\_\_\_\_  
 Notes: \_\_\_\_\_