REGISTRATION FORM 2023-2024 ST. KIERAN CATHOLIC SCHOOL

GENERAL INFORMATION Names of children you wish to enroll

			Grade:	DOB	Place	
(Last)	(First)	(Middle)	(2023-2024)			
			Grade	DOB	Place	
(Last)	(First)	(Middle)	(2023-2024			
			Grade	DOB	Place	
(Last)	(First)	(Middle)	(2023-2024)			
Address:						
(Street/Number)		(City	(City)		(Zip)	
Phone:			email			
(Father's Last Name	e)	(First Name)	(Initial)		(Religion)	
(Occupation)	(Business Name/Address)		(Business Phone)			
(Mother's Name)	er's Name) (First Name) (Initial)			(Religion)		
(Occupation)	n) (Business Name/Address)		ess)	(Business Phone)		
FAMILY LIVING SIT	UATION: please cho	eck all that apply.				
Mother and Father () Mother () Father () Father/Stepmother () Parents Divorced () Guardian/Caretakers are Grandparents () Other ()						
Fill in A or B, if appl	icable:					
A:						
(Step-parent's Las	st Name)	(First Name)	(Initial)		(Religion)	
(Occupation)		(Business Name/Address)		(Business Phone)		
B:						
(Name of Person	with whom pupil re	sides if other than above)			(Relationship	
(Occupation)		(Business Name/Addr	(Business Name/Address)		(Business Phone)	

PLEASE TURN OVER TO COMPLETE THE REGISTRATION FORM

RELIGION INFORMATION Current parish ______ Non-Catholic: Religion_____ _Catholic Baptism/Confirmation Date (Church) (City/State) First Communion Date (Church) (City/State) First Penance Date (Church) (City/State) FAMILY INFORMATION: Please list other children in your family. Names (Oldest First) Birthdate Relationship Check if living at home Grade **SURVEY INFORMATION: Please complete** This is required information. If not attending St. Kieran School, at which public school would he/she be registered? Race: _Hispanic ____non-Hispanic **Ethnic Group:** ____Native American /Native Alaskan Asian ____Black/African American White Native Hawaiian/Pacific Islander Two or more races Unknown Please tell us the reason you would like to enroll your children at St. Kieran Catholic School: