

**Saint Benedict Catholic School  
Student Registration Form 2020 – 2021**

**Student**

Student's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Siblings currently enrolled at Saint Benedict: \_\_\_\_\_

Religion: \_\_\_\_\_

***If Catholic***

Baptism Date: \_\_\_\_\_ Location: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Parent/Guardian**

**Parent/Guardian**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Business address: \_\_\_\_\_

Business address: \_\_\_\_\_

Home address: \_\_\_\_\_

Home address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

*BE SURE TO LIST EXACTLY THOSE PARENTS/GUARDIANS WITH PARENTAL RIGHTS*

**Emergency Medical Information**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Chronic Physical Conditions: \_\_\_\_\_

Allergies or intolerances: \_\_\_\_\_

***Please remember to fill out the back side of this form. Thank you.***

