

SCHOOL

St. Andrew Academy (PK-8) St. Ann Academy (PK-8) St. Augustine Academy (4-8) St. Raphael Academy (PK-3)

STUDENT/FAMILY INFORMATION

(FIRST NAME) (LAST NAME) (ADDRESS) (GRADE ENTERING) (DATE OF BIRTH)

(FIRST NAME) (LAST NAME) (ADDRESS) (GRADE ENTERING) (DATE OF BIRTH)

(FIRST NAME) (LAST NAME) (ADDRESS) (GRADE ENTERING) (DATE OF BIRTH)

(FIRST NAME) (LAST NAME) (ADDRESS) (GRADE ENTERING) (DATE OF BIRTH)

Religion: Catholic Non-Catholic Place of Worship: _____
(NAME) (CITY)

Father/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY)

Phone: _____
(HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Employer Phone: _____

Occupation: _____

Marital Status: _____

Mother/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY)

Phone: _____
(HOME) (MOBILE)

Email: _____

Relationship to Student: _____

Employer: _____

Employer Phone: _____

Occupation: _____

Marital Status: _____

If divorced, is there joint custody? Yes No If No, are visitation rights permitted to non-custodial parent? Yes No

Student lives with: (select all that apply) Mother Father Grandparent Guardian Other _____

MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website. (select one): Yes No

EMERGENCY CONTACTS (Non-Parent or Non-Guardian)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

OTHER

Bus Transportation Requested (*Bridgeport residents only*):

Yes No If Yes, select one: Morning Only Afternoon Only Both

Would you like information about applying to the Bishop's Scholarship Fund, a NEW source for tuition assistance:

Yes No

Please include the following to complete registration: Tuition Deposit (*non-refundable*)

SIGNATURES

I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures of the school handbook including the tuition policy.

Parent/Guardian _____ Date _____ Parent/Guardian _____ Date _____