



REGIONAL SCHOOL REGISTRATION FORM

Date: _____ With what parish are you affiliated? _____
Check One: Parishioner Non-Parishioner

Child's Last Name: _____ First: _____ Middle: _____

Preferred First Name in the Classroom: _____ Phone #: _____

Child will be in grade _____ Date of birth _____

Address: _____

City/State/Zip: _____

Child lives with: _____

Race: _____ Gender—Check One: Male Female Religion: _____

School District-----Check One: Northwest Cincinnati Public Mount Healthy

North College Hill Other(list _____)

If you chose public school, which school building would your child attend in the public school district?

Name of Father/Guardian: _____

Please check: Birth Father Stepfather Guardian Deceased

City/State of Birth: _____

Occupation: _____ Religion: _____

Marital Status: _____

Name of Mother/Guardian: _____ Maiden Name _____

Please check: Birth Mother Stepmother Guardian Deceased

City/State of Birth: _____

Occupation: _____ Religion: _____

Marital Status: _____

Has your child been involved with an Intervention Team? Yes _____ No _____

Is your child on an Individualized Education Plan (IEP)/Service Plan? Yes _____ No _____

Is your child receiving an Ed Choice Scholarship? Yes _____ No _____

Sacraments:	Date	Church	City/State
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-Baptism	_____	_____	_____
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-First Eucharist	_____	_____	_____
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-Reconciliation	_____	_____	_____
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-Confirmation	_____	_____	_____
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Parent Signature: _____

Registration is guaranteed only when a \$50 registration fee per family is paid and completed form are received.

If billing address is different from above, please include that information on this form.

For Office Use Only
Student ID #