

Application for Registration

Name of Pupil _____ Phone _____

Address _____ City _____ Zip Code _____

Date of Birth ____/____/____ Place of Birth: City _____ State _____

Date of Baptism ____/____/____ Church _____ Location _____

Which school(s) has your child previously attended? _____

Currently enrolled in what grade? ____ Ever repeated a grade? ____ Which grade? ____

Where is child presently enrolled in Sunday School? _____

In what church is father presently a member? _____

In what church is mother presently a member? _____

Any physical handicaps that might hinder pupil in normal activities _____

Do you need bus transportation for your child? _____

Father's Name (print) _____ Mother's Name (print) _____

Father's Occupation _____ Mother's Occupation _____

Company Name _____ Company Name _____

Address _____ Address _____

Phone _____ Phone _____

Other Children in Family:

1. _____ Birth Date ____/____/____

2. _____ Birth Date ____/____/____

3. _____ Birth Date ____/____/____

4. _____ Birth Date ____/____/____

How did you hear about our school? _____

Why do you wish to send your child to St. Paul School? _____

Date of Application ____/____/____

Father's Signature _____ Mother's Signature _____