



**St. Cecilia
Cathedral School**
Higher Education Starts Here



Student Information

Name: _____ Grade: _____
(Last) (First) (Middle)

Place of birth _____ Date of birth _____ Gender M F Circle One: Hispanic/Latino or Non-Hispanic
(City) (State)

Also Identify Race: _____

Resides with ___ Father ___ Mother ___ Both ___ Guardian

Name of guardian if not parent _____ Relationship to student _____

Address of Residence _____
(Zip Code) (Phone)

School District in which you live _____

Date of school entry _____ Last school attended _____

Religion _____ Baptism _____
(Date) (Church) (City) (State)

First Communion _____
(Date) (Church) (City) (State)

Confirmation _____
(Date) (Church) (City) (State)

Parent Information: St. Cecilia Parish member? ___ Yes ___ No, but intend to register ___ Do not intend to register

Father or Guardian ___ living ___ deceased ___ divorced Mother or Guardian ___ living ___ deceased ___ divorced

Name _____ Maiden Name _____

Address _____ Address _____

Phone _____ Phone _____

Date & Place of Birth _____ Date & Place of Birth _____

Email Address _____ Email Address _____

Religion _____ Religion _____

Education _____ Education _____

Occupation _____ Occupation _____

Employer Name _____ Employer Name _____

Address _____ Address _____

Business Phone _____ Cell Phone _____ Business Phone _____ Cell Phone _____

How did you hear about us? ___ Friend or Relative: _____ ___ Internet ___ Other: _____

A non-refundable Registration Deposit of \$200 is required. Please complete information on other side.

My child(ren) may be released to: (If no one other than you, please write "none")

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) Who will take Responsibility for my child(ren) in an Emergency when I cannot be reached:
(ONE NAME MUST BE GIVEN)

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Sibling Information

Brothers

Last Name	First	Middle	Date of Birth	Grade
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Last Name	First	Middle	Date of Birth	Grade
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Last Name	First	Middle	Date of Birth	Grade
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Sisters

Last Name	First	Middle	Date of Birth	Grade
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Last Name	First	Middle	Date of Birth	Grade
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Last Name	First	Middle	Date of Birth	Grade
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Will all of your children be enrolled at St. Cecilia? Yes ___ No ___ Eventually ___

Will your child(ren) be using the child care/extended care? Yes ___ No ___ Eventually ___