

ST. MALACHY SCHOOL Kindergarten : All day _____ ½ day _____

REGISTRATION FORM Envelope No. _____

ENTERING GRADE _____

NAME _____ DATE OF BIRTH _____ SEX _____
(last) (first) (middle)

STUDENT SOCIAL SECURITY # _____

HOME ADDRESS _____ CITY _____ ZIP CODE _____

BORO/TOWNSHIP _____ TELEPHONE _____ NON-PUBLISHED? _____

RELIGION OF CHILD _____ PARISH TO WHICH YOU BELONG _____

BAPTISM: DATE _____ CHURCH _____ CITY/STATE _____

RECONCILIATION: _____ CHURCH _____ CITY/STATE _____

FIRST EUCHARIST: _____ CHURCH _____ CITY/STATE _____

FATHER'S NAME _____ RELIGION _____ OCCUPATION _____

FATHER'S ADDRESS _____ CITY/ST/ZIP _____

MOTHER'S NAME (First and Maiden) _____ RELIGION _____

MOTHER'S ADDRESS _____ CITY/ST/ZIP _____ OCCUPATION _____

Other Children in Family _____

****My child does not have an IEP or need one.** _____

(For Office Use Only)

Amount Paid _____

Birth Certificate # _____

Misc. Information _____

PARENT/GUARDIAN _____ (Signature)

Must **SIGN** when completing registration