



Diocese of Wilmington
Registration Form

For School Use Only

Application Fee \$ _____
 Birth Certificate _____
 Health Record _____

ALL SAINTS CATHOLIC SCHOOL

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

Complete all information on this form and return it to the school on the date designated by the school.

1. Date of Birth and proof of Baptism must be verified by a Birth/Baptismal Certificate.
2. Education of parents should indicate the highest educational level, such as high school, technical institute or college, and the major study undertaken.
3. Entries for occupation should be as specific as possible.
4. Entries under brothers and sisters should indicate the position in the family according to order of birth, beginning with the oldest child to the youngest, including this child.

Students entering K, 4, 7, and all new students applying from out-of-state

After you have received the notice of final acceptance, have your family doctor or a doctor at one of the Child Care Centers in your locality examine your child, complete the Pupil Medical Record, and return it as soon as possible to the school.

Child Identification Data

Date of Application ____/____/____ Applying for Grade _____
Month Day Year

Name of Child _____ Sex: Male Female
Last First Middle

Home Address _____ City _____ State ____ Zip _____

Home Phone Number _____ Social Security # _____

Child's Date of Birth ____/____/____ Child's Religion _____ Ethnic Background _____

Place of Birth _____
Hospital City State

Last School attended _____
School Name Grade
Address City State Zip

Child's Data on Reception of Sacraments

<u>Sacrament</u>	<u>Date Received</u>	<u>Church</u>	<u>City and State</u>
Baptism			
Reconciliation			
First Communion			
Confirmation			

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Baptismal Certificate submitted _____ Baptismal Certificate not submitted _____ Not baptized _____

Family Data Background

Father

Mother

Name	_____	_____
	Last	First
Address	_____	_____
City, State, Zip	_____	_____
Home Phone Number	_____	_____
Cell Phone Number	_____	_____
Home Email Address	_____	_____
Work Email Address	_____	_____
Profession	_____	_____
Employer's Name	_____	_____
Work Phone Number	_____	_____
Highest Level of Education Reached	_____	_____
Place of Birth	_____	_____
Religion	_____	_____
Parish/Church where you are registered	_____	_____
Envelope #	_____	_____

If different than above, natural parents name and address: _____

Natural parents' marital status: Married Separated Divorced Deceased

Name(s) of enrolling parents _____

Status of Child's custody by each of the above (if applicable) _____

Legal document on file with school _____

For purposes of mail communication, please list name and address of guardian if other than above:

City _____ State _____ Zip _____

Relation to child being registered _____

Languages spoken in the home _____

Brothers and Sisters of Registeree

*Beginning with oldest child to youngest, including this child

Birthdate	First Name	Religion	School Attending	Present Grade
1.				
2.				
3.				
4.				
5.				
6.				

Please state any medical/health problems your child may have and any other concerns relating to school life.

Please state the reasons you are choosing a Catholic school for your child.

School Policy: School administration reserves the right to place or assign in-coming students to a specific homeroom teacher.

If our school does not have any immediate openings in the grades you have requested, would you like us to share your application with other Catholic schools in the Diocese of Wilmington. ____ yes ____ no

Parent/Guardian Signature: _____

Local Parish/School Data