Parent Name		Date		
Student Name(s)		<u> </u>		
PLEASE COMPLETE A FASTDIRECT ACCOUN	ND RETURN TO THE SCHOOL OFFICE AFTER MA	KING CHANGE	ES ONLINE	TO YOUR
		Pare	nt Signatu	re
Nativity of Ou	r Lord Online Change Your Re	gistratio	ı Form	
Parent/Guardian #	#1 (where student resides) * required			
to make changes	data fields have been locked, pleases. ame) Please contact the school office to make cl		ne schoo	l office
Address:*(Primar	y Parent Address) Please contact the school	office to make	change.	
Home Phone:*(**	*-***-***) Please contact the school office to	make change	•	
Work Phone:	Cell Phone:		Relations	hip:
Occupation:	Business Address, City, State, Zipcode:			<u> </u>
Religion/Church:	E-Mail:(leave it blank if no email))		
Parent/Guardian #	¥2			
Last Name:	First Name:	Initial:	Title:	Suffix:
Work Phone:	Cell Phone:		Relationsl	nip:
Occupation:	Business Address, City, State, Zipcode:			
Religion/Church:	E-Mail:(leave it blank if no email))		
Check if address a line blank.	and home phone is the same as above for parent	t/guardian #2	and leave t	the next
Address: Home Phone:	City:	S	State: Zip:	
If either parent is decea	ased, please check box: Mother is deceased:	Father	is deceased	l:
Other responsible personal	ons ie. Emergency Contacts			
(#3) Last Name: Phone:	First Name:	Title:	Relations	ship:
(#4) Last Name: Phone:	First Name:	Title:	Relation	ship:
Medical information:				
Doctor's name:	Doctor's phone: Ho	ospital:	Insuran	ice:
Publish phone (***-** Publish address (*****	*-***) to Buzzbook: No / Yes (circle one) ****************.): No / Yes ((circle one)		
Enter a ScreenName (10 char max): and password (8 char max):				