

**St. Damian Catholic School – Westland, MI  
Registration 2015-16**

FAMILY SECTION		(Circle)	(How should your mail be addressed?)	Date of Registration:	
Mailing Name:	Mr. Ms. Mrs. Mr. & Mrs.			Parish: Env. #	
Student Address:				Mother Maiden Name:	
Home Phone:					
Email:					
School District: If Livonia, then list school name also:					
Siblings Names & Ages:					
Please indicate if you wish to have your family included in the school directory:      YES <input type="checkbox"/> NO <input type="checkbox"/>					
PARENT/GUARDIAN SECTION		The following section must be completed			
<b>Father's Name:</b>		Marital Status:		Cell Phone:	
Religion:	Birth Country:	Legal Guardian <input type="checkbox"/>	Resides with Student <input type="checkbox"/>	Responsible for Tuition <input type="checkbox"/>	
<b>Employment:</b>	Employer Name:	Occupation:	Work Phone:		
Comment:					
If father does NOT reside with student (or address is incorrect) please fill out the following:					
Address:		City, State Zip		Phone:	
<b>Mother's Name:</b>		Marital Status:		Cell Phone:	
Religion:	Birth Country:	Legal Guardian <input type="checkbox"/>	Resides with Student <input type="checkbox"/>	Responsible for Tuition <input type="checkbox"/>	
<b>Employment:</b>	Employer Name:	Occupation:	Work Phone:		
Comment:					
If mother does NOT reside with student (or address is incorrect) please fill out the following:					
Address:		City, State Zip		Phone:	
MEDICAL SECTION		The following section must be completed			
<b>Doctor:</b>	Name:		City:		Phone:
<b>Insurance:</b>		Policy #:		Person Who Carries Insurance:	
<b>Hospital – (Circle One)</b> St. Mary      Annapolis      Garden City      Oakwood/Canton      Other:					
ALTERNATE CONTACT SECTION		The following section must be completed			
Name:	City:	Phone #1 Phone #2 Phone #3		Relationship to Student(s)	
Name:	City:	Phone #1 Phone #2 Phone #3		Relationship to Student(s)	
Name:	City:	Phone #1 Phone #2 Phone #3		Relationship to Student(s)	

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<b>STUDENT SECTION</b>								<b>The following section must be completed</b>							
Last Name:			First Name:			Middle Name:		August Grade:		Sex:		Courier		Birth Date:	
Birth City:		Birth State:		Birth Country:		Ethnicity: **		Religion:			Latchkey <input type="checkbox"/>		Bus Rider <input type="checkbox"/>		
		Month/Yr		Church			City, State			Allergies:					
Baptism:										Medical Conditions:					
Eucharist:															
Penance:															
Last School Attended (if other than St. Damian):															
Comment:															
Last Name:			First Name:			Middle Name:		August Grade:		Sex:		Courier		Birth Date:	
Birth City:		Birth State:		Birth Country:		Ethnicity: **		Religion:			Latchkey <input type="checkbox"/>		Bus Rider <input type="checkbox"/>		
		Month/Yr		Church			City, State			Allergies:					
Baptism:										Medical Conditions:					
Eucharist:															
Penance:															
Last School Attended (if other than St. Damian):															
Comment:															
Last Name:			First Name:			Middle Name:		August Grade:		Sex:		Courier		Birth Date:	
Birth City:		Birth State:		Birth Country:		Ethnicity: **		Religion:			Latchkey <input type="checkbox"/>		Bus Rider <input type="checkbox"/>		
		Month/Yr		Church			City, State			Allergies:					
Baptism:										Medical Conditions:					
Eucharist:															
Penance:															
Last School Attended (if other than St. Damian):															
Comment:															
<b>**</b> Indicate as: A (American Indian/Native); B (Black/African American); H (Hispanic); M (Multi-Racial); N (Native Hawaiian/Pacific); O (Other Arabic); S (Asian); W (White/Caucasian)															
SHARED TIME PROGRAM: Students in Grades 1-8 MUST participate in the Shared Time Program. If parents remove their students from the Shared Time Program, it's an automatic removal from St. Damian School.															
Are there any physical, behavioral, or educational concerns the school be aware of? (Circle One)      YES      NO If yes, please explain:															
Signature _____ Date _____															