

6311 Baseline Rd
Little Rock, AR
72209



Phone: 501-565-3855
Fax: 501-565-9522
Email: schooloffice@stslr.org

\$150 Registration fee, birth certificate, immunization record, and baptism certificate should accompany this form.

Student Information:

Student Name _____
Last First Middle Ethnicity

DOB ___/___/___ M_F SS# ___/___/___ Religion _____
Grade Level Requested _____ School Last Attended _____
Address of School Last Attended _____
Baptism Date ___/___/___ Place _____
Reconciliation ___/___/___ Place _____
1st Communion ___/___/___ Place _____

*******St. Theresa School will obtain a transcript before acceptance*******

Family Information:

Mailing Name _____
Address _____ Zip Code _____
Home Phone _____ Parish _____ How long _____

Parent/Guardian:

Relationship _____ Sex _____	Relationship _____ Sex _____
Name _____	Name _____
Business _____	Business _____
Bus. Phone _____ Cell _____	Bus. Phone _____ Cell _____
Email _____	Email _____
Religion _____	Religion _____
Marriage Status _____	Marriage Status _____

Non-Custodial Parent:

Relationship _____ Sex _____ Marriage Status _____ Religion _____
Name _____ Home Phone _____ Cell _____
Address _____ Zip Code _____
Business _____ Bus. Phone _____ Email _____

Persons other than parent/guardian to contact :

1st Contact	2nd Contact:
Name _____	Name _____
Home _____ Bus/Cell _____	Home _____ Bus/Cell _____
Relationship _____	Relationship _____
Family Doctor _____	Phone Number _____
Insurance Name _____	Policy Number _____

St. Theresa Catholic School