

**OUR LADY OF PROMPT SUCCOR CATHOLIC SCHOOL
REGISTRATION FORM FOR NEW STUDENTS
2022-2023**

Date: _____

Grade (2022-2023) _____

Student's Name: _____
Last
First
Middle

Address: _____
 City, State, Zip: _____
 Home Phone No. _____ Cell Phone No. _____

Date of Birth: _____

Social Security No. _____

Male _____
 Female _____

Catholic _____
 Non-Catholic _____

Asian _____ African-American _____ Hispanic _____
 Indian _____ White _____ Other _____

Territorial Church Parish (Church Parish of Residence)

 Name of Church

Supporting Church Parish (Registered, Active & Supporting)
 _____ Envelope No. _____
 Name of Church

Father's Name: _____
Last
First
Middle

Address: _____ Home Phone No. _____
 (If different from student)

Occupation: _____ Catholic? _____ Living? _____

Place of Employment _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Mother's Name: _____
Last
First
Middle

Address: _____ Home Phone No. _____
 (If different from student)

Occupation: _____ Catholic? _____ Living? _____

Place of Employment _____ Work Phone _____ Cell Phone _____

E-mail Address _____

_____ Please check here if there has been a change in family status (i.e., parents separated or divorced).
 _____ Please provide school office with a copy of the official judgment concerning child's custody.
 If parents are separated/divorced indicate child's primary domicile: Mother _____ Father _____

**Please return this form with your non-refundable check for registration (\$185/Child for oldest or only, \$150/sibling).
 Registration submitted without payment cannot be processed and your child's place for the 2022-2023 school year
 cannot be guaranteed.**

SCHOOL HISTORY

Please complete this section for the grades your child has completed.

YEAR <i>(Example: 2021-2022)</i>	GRADE	NAME OF SCHOOL	CITY, STATE	PROMOTED YES or NO
	PK			
	K			
	1 ST			
	2 ND			
	3 RD			
	4 TH			
	5 TH			
	6 TH			

MEDICAL

Medical Concerns: _____

Allergies: _____

Has your child ever been evaluated? _____ Yes _____ No

If so, please provide a copy of the evaluation so that his/her needs may be properly addressed.

Parent/Guardian Signature

Date