



ST. FRANCIS OF ASSISI SCHOOL
Diocese of Wheeling – Office of Schools
NEW PUPIL REGISTRATION FORM

Applying for Grade K 1 2 3 4 5

STUDENT'S NAME: _____
Last First Middle

ADDRESS: _____
Street City State/Zip Code

DATE OF BIRTH ___ / ___ / ___ **SEX:** Male Female **PHONE:** _____

SCHOOL CURRENTLY ATTENDING: _____

PARISH OR CHURCH: _____

STUDENT RESIDES WITH: Both parents _____ Mother only _____ Father only _____ Other _____

If other, name and relationship _____

In the case of a divorce or separation, please indicate the name of the court-appointed custodial parent:

FATHER'S NAME: _____
Last First Middle

Employed by: _____ **Position:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Education Level** _____ **Religion** _____

MOTHER'S NAME: _____
Last First Middle

Employed by: _____ **Position:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Education Level** _____ **Religion** _____

Parent Signature

Date