

Diocese of Belleville (Regulation 5111.5a) Student Registration Form

Name of Child _____ Sex M() F()
Last First Middle

Date of Birth _____
Year Month Day City State

Address _____ City _____ State _____ Zip _____

Phone _____ Social Security # _____ Grade Entering _____

School Last Attended _____

Address _____ City _____ State _____ Zip _____

Baptism _____
Date Church City State Certificate

First Communion _____
Date Church City State Certificate

Confirmation _____
Date Church City State Certificate

FAMILY HISTORY

Father's Name _____
Last First Middle

Place of Birth _____ Religion _____

Occupation _____ Deceased() Separated() Remarried()

Mother's Maiden Name _____
Maiden First Middle

Place of Birth _____ Religion _____

Occupation _____ Deceased() Separated() Remarried()

Child resides with _____

Of what parish are you a member? _____

MEDICAL HISTORY

Name of Physician _____

Name

Address

City

Phone

Dentist _____

Name

Address

City

Phone

In case of emergency, list at least two other phone numbers:

Number _____ Name _____ Relationship _____

Number _____ Name _____ Relationship _____