

St. Stephen the Martyr School Registration Form

Grade: Kindergarten

Student's Name: _____

Last
First
Middle
Nickname

Student's Social Security Number _____ Birthdate _____ Male ___ Female ___
Month - Day - Year

Student lives with: ___Both Parents ___Mother ___Father ___Other _____

Student's Racial/Ethnic Classification (please check one)

___White, not of Hispanic origin ___Asian or Pacific Islander ___American Indian
 ___Black, not of Hispanic origin ___Hispanic ___Other _____

Religious Affiliation _____

Father's/Stepfather's Name _____

First
Middle
Last

Home Address _____

Address
City
State
Zip code

Home phone _____ Cell phone _____ E-mail _____

 Father's place of employment Father's Position/Title Business Phone

 Mother's/Stepmother's Name _____

First
Middle
Last

Home Address _____

Address
City
State
Zip code

Home phone _____ Cell phone _____ E-mail _____

 Mother's place of employment Mother's Position/Title Business Phone

Name of Sisters/Brothers	Age	School attending	Grade
_____	___	_____	___
_____	___	_____	___
_____	___	_____	___
_____	___	_____	___

Documents needed on file:

- Baptismal certificate -original
- Birth certificate -original
- Physical and Updated immunization documentation
- Dental information
- Vision Evaluation
- Tuition/eLunch payment plan