

ASCENSION CATHOLIC DIOCESAN REGIONAL SCHOOL – REGISTRATION FORM
INFORMATION MUST BE INCLUDED IN ALL FIELDS TO BE COMPLETE
ALL INFORMATION PERTAINS TO THE STUDENT
ONE FORM PER STUDENT

Student's Name: _____ Entering Grade: _____

Mother's Full Name: _____

Father's Name: _____

Guardian: _____

Student resides with: _____ (Mom/Dad/Both Parents/Guardian)

Student Street Address: _____

Student Mailing Address: _____

Student City: _____

Student State: _____

Student Zip: _____

Gender: _____ (male/female)

Birthdate: _____ (month/day/year) Place of Birth: _____ (City/State)

Student's Home Phone Number: _____

Mother's Cell Number: _____

Mother's Work Number: _____ Place of Employment: _____

Father's Cell Number: _____

Father's Work Number: _____ Place of Employment: _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

Medical Conditions: _____ (leave blank if none)

Student's Religion: _____

Student's Church Parish: _____ (Church Family attends)

Student's Civil Parish: _____ (ex: Ascension, Assumption, St. James, Iberville etc)

Student's Race: _____ (Caucasian/African American/Hispanic/Asian)

Student's Social Security Number: _____

Student email address:(if applicable) _____

Mother's email address: _____

Father's email address: _____

Guardian's email address: _____

Youngest in Family: _____ (Yes/No) Bus Rider: _____ (Yes/No)

Permission to sign student in/out: _____

Name

Phone Number

Student Enrolling from: _____

School

Address