



# Annunciation Catholic School

## 2017-18 New Student Registration Form

*Mr. Tony Ertel,  
Principal*

*Fr. Todd Grogan,  
Pastor*

*Dr. Sandra Chakeres,  
Director of Faith Formation*

2017-18 Grade

Student Last Name

Student First Name

Student Middle Name

### Student Personal Information

Date of Birth		Student Preferred Name	
Street Address			
City		State	Zip
Gender <b>M F</b>	Birthplace City		Birthplace State
Home Phone		Mobile Phone	
With whom does the Student reside?		Relationship to Student	
Ethnicity (required for state reporting) <b>PLEASE CIRCLE ONE</b> African-American- <b>B</b> American Indian- <b>AI</b> Asian- <b>A</b> White/Caucasian- <b>W</b> Hispanic- <b>H</b> Multi-racial- <b>MR</b> Other: _____			
Primary Language Spoken at Home		Please note any special services the Student requires.	

Public School District of Residence		Assigned Public School Building	
School Last Attended		City	State

Religion	Current Parish (if Catholic)
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\*\*\*If the Student is Catholic, please submit a copy of the Baptismal Certificate and detail sacraments below.

<input type="checkbox"/> Baptism	Date:	<input style="width: 100px;" type="text"/>	Location:	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> Reconciliation	Date:	<input style="width: 100px;" type="text"/>	Location:	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> Eucharist	Date:	<input style="width: 100px;" type="text"/>	Location:	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> Confirmation	Date:	<input style="width: 100px;" type="text"/>	Location:	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> Anointing of the Sick	Date:	<input style="width: 100px;" type="text"/>	Location:	<input style="width: 100px;" type="text"/>

## 2017-18 New Student Registration Form (Reverse Side)

### Mother's Information

Check if Legal Guardian

First Name	MI	Last Name
Employer		Occupation
Daytime Phone		Mobile Phone
Primary Email		Alternate Email
Marital Status		Religion

### Father's Information

Check if Legal Guardian

First Name	MI	Last Name
Employer		Occupation
Daytime Phone		Mobile Phone
Primary Email		Alternate Email
Marital Status		Religion

### Additional Parent/Guardian Information

First Name	MI	Last Name
Employer		Occupation
Daytime Phone		Mobile Phone
Primary Email		Alternate Email
Marital Status		Religion

### Additional Parent/Guardian Information

First Name	MI	Last Name
Employer		Occupation
Daytime Phone		Mobile Phone
Primary Email		Alternate Email
Marital Status		Religion

2017-18 Grade

Student Last Name

Student First Name

Student Middle Name