

Student Registration - ***PLEASE COMPLETE ALL FIELDS***

2025-2026 GRADE ____

STUDENT AND PARENT/GUARDIAN INFORMATION

Student Information

Student First Name: _____ Middle: _____ Last: _____

Street Address, Apt#: _____

City, State, Zip: _____ Home Phone: _____

Siblings Attending this School? _____ Siblings Graduated this School? ____ Yes ____ No

Gender / Birth Date: _____

Citizenship: _____ If not USA, documentation of citizenship **MUST** be provided. SEVIS: _____

Prior School Name: _____ City: _____

| Ethnicity/ Religion: | Native American | Asian | African American | Hispanic | Hawaiian/ Pacific Isl | Caucasian | Multi-Racial | Other |
|-------------------------|-----------------|-------|------------------|----------|--------------------------|-----------|--------------|-------|
| Catholic | | | | | | | | |
| Non-Catholic | | | | | | | | |

Parish: _____ Baptism Location: _____ Date: _____

Parent/Guardian Mailing Name:

Mother/Guardian: _____ if not mother, state relationship: _____

Mother address same as student? Maiden Name: _____ Religion: _____

Street Address, Apt# (only if different): _____

City, State, Zip: _____

Employer: _____ Occupation: _____

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

Alumna of this School? _____ Email Address: _____

Father/Guardian: _____ if not Father, state relationship: _____

Father address same as Student? _____ Religion: _____

Street Address, Apt# (only if different): _____

City, State, Zip: _____

Employer: _____ Occupation: _____

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

Alumnus of this School? _____ Email Address: _____

Parental Status:
 If not specified, please circle one: MARRIED ____ - SEPARATED ____ - DIVORCED ____ - DECEASED SPOUSE ____ - NEVER MARRIED ____

Student Resides with:
 If not specified, please indicate: MOTHER - ____ - FATHER ____ - BOTH ____ - LEGAL GUARDIAN - _____

Custodial Parent/Guardian(if applicable):
 If applicable and not specified: MOTHER FATHER JOINT LEGAL GUARDIAN -
 OTHER: _____ **Supporting Custody Documentation MUST BE PROVIDED**

Emergency Contact Information (Other than Parent/Guardian)

The following people, **other than a parent or guardian**, are authorized to pick up my child if a parent/guardian is unavailable. I assume full responsibility for such action. Persons designated must be available during school hours, within one hour driving distance. A minimum of two contacts must be specified.

Contact 1 Name (NOT PARENT):

Contact 1 Phone 1:

Phone 2:

Contact 1 Relationship:

Contact 2 Name (NOT PARENT):

Contact 2 Phone 1:

Phone 2:

Contact 2 Relationship:

Contact 3 Name (NOT PARENT):

Contact 3 Phone 1:

Phone 2:

Contact 3 Relationship:

Doctor Name:

Dentist Name:

Doctor Phone:

Dentist Phone:

Media Release

I, the parent/legal guardian of _____ understand that there are many occasions wherein the students in this School are photographed for and/or named in area/community newspapers as well as the school's newspaper, website and yearbook.

___ I grant* my express permission to exhibit the above-named student's photograph or likeness and publish his/her name.

___ I do not grant my express permission to exhibit the above-named student's photograph or likeness and publish his/her name.

*By granting permission, the undersigned parent/guardian hereby releases and forever discharges this School and the Diocese of Metuchen and the trustees, officers, agents and employees of the School and Diocese from and against any and all claims, damages or suits which may arise from the use of the School publications, press/media releases, or website, including but not limited to, the exhibition of the above-named students' photograph or likeness or publication of the student's name.

Signatures

X _____
Parent/Guardian

Date

Date R'cvd _____

Amount Paid _____

Check Number _____