

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

2026-2027 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 _____