



New Student Registration Form 2024 - 2025

St. Monica Academy

Section I: New Student Information

Total number of children in family enrolled in the school: _____

Names and Grades of Siblings: _____

Student Name:

LAST

FIRST

MIDDLE

Birth Date:

Oldest/Only Child:

☐ YES

☐ NO

Gender:

☐

MALE

☐

FEMALE

Is this student Hispanic/Latino?

☐ YES

☐ NO

Race:

(Check all that apply)

☐ ASIAN

☐ WHITE

☐ NATIVE AMERICAN

☐ BLACK/AFRICAN AMERICAN

☐ NATIVE HAWAIIAN/PACIFIC ISL.

☐ ALASKAN NATIVE

Country of Birth:

Year Immigrated (If Applicable):

Grade level upon entry:

Religion:

☐ CATHOLIC

☐ NON-CATHOLIC

Languages Spoken at Home:

(IDENTIFY RELIGION IF NON-CATHOLIC):

Last school attended:

SCHOOL NAME

SCHOOL CITY

Student lives with:

LAST NAME(S)

FIRST NAME(S)

RELATIONSHIP

Address 1:

STREET ADDRESS

APARTMENT/UNIT #

CITY

STATE

ZIP

Addressee 2:

if applicable

LAST NAME

FIRST NAME

RELATIONSHIP

Address 2:

if applicable

STREET ADDRESS

APARTMENT/UNIT #

CITY

STATE

ZIP

Baptism:

CHURCH

DATE

Reconciliation:

CHURCH

DATE

First Communion:

CHURCH

DATE

Confirmation:

CHURCH

DATE

Section II: Parent Information

MOTHER'S INFORMATION

Mother's Name: _____
LAST FIRST MIDDLE

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

Mother alumna of school?
☐ Yes ☐ No

FATHER'S INFORMATION

Father's Name: _____
LAST FIRST MIDDLE

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

Father alumnus of school?
☐ Yes ☐ No

GUARDIAN'S INFORMATION *(if other than parent)*

Guardian's Name: _____
LAST FIRST MIDDLE

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

OTHER INFORMATION

Parent's Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other

Does Your Child Have Any Major Physical Disabilities? Yes No

Step-Mother's Name: _____
(if applicable) LAST FIRST MIDDLE

Step-Father's Name: _____
(if applicable) LAST FIRST MIDDLE

PARISH INFORMATION

Parishioner of St. Monica & St. Rosalie Parish: Yes _____ No _____

Parish Name Where Family Is Registered: _____

Person(s) Responsible for Paying Tuition Print Name(s): _____