

We Transform the World!

CATHOLIC  
SCHOOLS

THE ARCHDIOCESE OF GALVESTON-HOUSTON



# Archdiocese of Galveston - Houston

## Registration Form – 2016 / 2017 School Year

**Documents needed for Registration:**

- Immunization Records
- Birth Certificate
- Social Security Card
- School Recommendation Letter
- Sacrament Certificates (if applicable)
- Previous Year/Period Report Card
- Court Custody Order (if applicable)

Entering Grade: \_\_\_\_\_ Date: \_\_\_\_\_  Male  Female

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.Int.

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Religion: \_\_\_\_\_ Parish where family is registered: \_\_\_\_\_

Sacraments the child has received:  Baptism  Confession  First Communion (Please provide copies of certificates)

Race/Ethnicity:  Caucasian  Hispanic  African American  Asian  Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Last First Cell: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Work: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

Place of employment: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Language: \_\_\_\_\_ Alumni:  yes  no Graduation year: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Last First Cell: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Work: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

Place of employment: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Language: \_\_\_\_\_ Alumni:  yes  no Graduation year: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Home: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Last First Cell: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Work: \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

Place of employment: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Language: \_\_\_\_\_ Alumni:  yes  no Graduation year: \_\_\_\_\_

Legal Custody:  Mother / Father  Mother only  Father only  Mother/Stepfather  Father/Stepmother  Guardian

**Please provide a copy of any FULL Court Order or Decree relating to the custody/conservatorship of this student**

Primary address where child lives:  Family address  Mother/Guardian  Father/Guardian

Please send all School correspondence to this address:  yes  no

\_\_\_\_\_  
Street Address Apt#  
\_\_\_\_\_  
City State Zip Code

Secondary address (If applicable):  Mother/Guardian  Father/Guardian  Other: \_\_\_\_\_

Please send all School correspondence to this address:  yes  no

\_\_\_\_\_  
Street Address Apt#  
\_\_\_\_\_  
City State Zip Code

Please list sibling(s):

_____ Last	_____ First	_____ Age	_____ School	_____ Grade
_____ Last	_____ First	_____ Age	_____ School	_____ Grade
_____ Last	_____ First	_____ Age	_____ School	_____ Grade
_____ Last	_____ First	_____ Age	_____ School	_____ Grade

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_