Mary Queen of Saints

SETON CATHOLIC SCHOOLS

For Office Use Only
Date Received _____
Grade Entering _____

STUDENT REGISTRATION FORM

Student Name _____
Last First Middle

Address _____ Home Phone Number ( ) _____
City/Zip _____
Date of Birth _____ City/State of Birth _____
Male _____Female _____

Ethnic Background (please check all that apply):

___American Indian or Alaska Native
___Asian _____Black/African-American
___Hispanic/Latino ___Multi-Racial
___Native Hawaiian/Other/Pacific Islander
___White

Name of Parent/Guardian (please use complete names):

Mother _____ Home Phone ( ) _____
Address _____ Work Phone ( ) _____
City/Zip _____ Cell Phone ( ) _____
Email address _____

Father _____ Home Phone ( ) _____
Address _____ Work Phone ( ) _____
City/Zip _____ Cell Phone ( ) _____
Email address _____

Parish Membership (please check one) ___ St. Florian ___HA ___St. Augustine
___Mother of Perpetual Help ___St. Rita ___Other
If "Other" please indicate name of parish _____

RECORD OF SCHOOLS ATTENDED
Last School Attended _____ Dates _____
School Address _____

SACRAMENTAL RECORDS (If new student to MQS)

	Baptism	First Eucharist	First Reconciliation
Date	_____	_____	_____
Parish	_____	_____	_____
City/State	_____	_____	_____

Would you like information about tuition assistance? _____Y _____N
Would you like information about before/after school programs? _____Y _____N If Yes, please indicate:
Morning Program ___Yes ___No Afternoon Program ___Yes ___No
Has the student been evaluated for special educational needs or have any physical handicaps? ___Y ___N

Parent/Guardian Signature _____ Date _____

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