

Office Use Only:
Cash _____ Check# _____

2010/20011
SCHOOL YEAR

MARY, QUEEN OF HEAVEN SCHOOL
NEW STUDENT REGISTRATION FORM K-8

A SEPARATE REGISTRATION FORM MUST BE FILLED OUT FOR EACH CHILD

STUDENT
NAME _____ DATE _____ GRADE _____
Last First Middle

ADDRESS _____
Street City
State Zip County PH

SEX: M ___ F ___ RACE _____ RELIGION _____ PREV. SCHOOL _____

CHILD'S PLACE OF BIRTH _____ DOB _____ SS# _____
City State

CURRENT FAMILY DATE
MOTHER FATHER
NAME _____
Last First Maiden Last First

MARITAL STATUS _____

EMAIL _____

HOME ADDRESS _____

PH: NOS. _____
Work Home Work Home

CELL# _____ CELL# _____

BIRTH PLACE _____ DOB _____
City State City State

RELIGION _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____

EDUCATION _____

ARE YOU A MQH PARISHIONER _____ PARISH ATTENDING _____

STUDENT LIVES WITH: BOTH PARENTS _____ MOTHER _____ FATHER _____ GUARDIAN _____ OTHER _____

STUDENT PLACE OF BAPTISM _____ DATE _____
Church & Location Full Date

STUDENT 1ST RECONCILIATION & COMMUNION _____ DATE _____
Church & Location Full Date

REGISTRATION FEE MUST BE PAID WITH REGISTRATION & IS NON-REFUNDABLE - \$125.00 PER CHILD

NO OF CHILDREN OLDER _____ NO. OF CHILDREN YOUNGER _____ AMOUNT ENCLOSED _____

SEE CHECK LIST FOR ALL MANDATORY RECORDS IN ORDER FOR YOUR CHILD TO ATTEND MQH

PARENTS SIGNATURE

DATE