

**CATHEDRAL OF THE RISEN CHRIST SCHOOL
NEW STUDENT REGISTRATION FORM**

STUDENT INFORMATION

Name _____
Last First Preferred/Nickname Middle

Birth Date _____ Gender M / F

Home Phone # _____

Address _____
(street) (city) zip

GRADE ENTERING K 1 2 3 4 5 6 7 8

MOTHER'S INFORMATION

Name _____

Home Phone # _____ Cell Phone # _____
(if different from student's)

Address _____
(if different from student's) (city) (zip)

Employer _____

Work Phone # _____

FATHER'S INFORMATION

Name _____

Home Phone # _____ Cell Phone # _____
(if different from student's)

Address _____
(if different from student's) (city) (zip)

Employer _____

Work Phone # _____

PARISH OF REGISTRATION _____

**A check for \$50 must accompany this form as a non-refundable deposit.
This money will be applied toward tuition.**

OFFICE USE ONLY

Registration form received ____ / ____ / ____

\$50 deposit received _____ (check # _____)