

Our Lady of Mount Carmel Catholic School New Student Registration Form

Today's Date: _____ Student Name: _____

Address: _____ City/State: _____ Zip Code: _____

Gender: _____ Grade Entering: _____ Date of Entrance: _____

Date of Birth: _____ City of Birth: _____ ST _____

The Diocese of Phoenix requires us to collect the following information:

Child's Ethnicity : _____ Not Hispanic or Latino _____ Hispanic or Latino

Child's Race: Black/African American _____ Asian _____ White _____ Native American _____

Native Hawaiian/Pacific Islander _____ Two or More Races _____

School Currently Attending: _____ City _____ ST _____

Sacraments Received

	DATE	PLACE SACRAMENT PERFORMED
Baptism:	____/____/____	_____
1 st Communion:	____/____/____	_____
Confirmation:	____/____/____	_____
Reconciliation:	Yes _____ No _____	

PRIMARY HOUSEHOLD WHERE STUDENT RESIDES: PARENT(S)/GUARDIAN(S) INFORMATION

Mother Full Name: _____ Father Full Name: _____

Stepparent: YES _____ NO _____ Stepparent: YES _____ NO _____

Address: _____ City/State: _____ Zip Code: _____

E-Mail: _____ E-Mail: _____

Cell Phone: _____ Cell Phone: _____

Religion/Parish: _____ Religion/Parish: _____

Marital Status: _____ Marital Status: _____

Employer: _____ Employer: _____

Secondary Household (If Applicable) Does student reside here? YES _____ NO _____

Mother Full Name: _____ Father Full Name: _____

Stepparent: YES _____ NO _____ Stepparent: YES _____ NO _____

Address: _____ City/State: _____ Zip Code: _____

E-Mail: _____ E-Mail: _____

Cell Phone: _____ Cell Phone: _____

Religion/Parish: _____ Religion/Parish: _____

Marital Status: _____ Marital Status: _____

Employer: _____ Employer: _____