



St. Patrick
of Heatherdowns
CATHOLIC CHURCH

STUDENT REGISTRATION FORM

Student Name _____
First _____ Middle _____ Last _____

Grade Entering in 23-24 _____ Gender _____ Birth Date _____

Social Security Number _____ Ethnicity _____

Religion _____ Baptismal Date _____

Currently on a Service Plan? _____ Previously on a Service Plan? _____

Public School District _____ Public School Bldg _____
(Toledo, Maumee, Anthony Wayne, Perrysburg, etc.) (Name of School your child would attend if not at St. Pat's)

Student Address _____
Street Address _____ City _____ State _____ ZIP _____

Student Lives With _____ Legal Guardian(s) _____ (Yes) _____ (No)

Other Siblings at St. Pat's _____ Age _____ Grade _____

Other Siblings at St. Pat's _____ Age _____ Grade _____

Other Siblings at Home _____ Age _____

Other Siblings at Home _____ Age _____

Primary Parent/Guardian _____
Name _____ Relationship _____

Phone Numbers _____
Cell _____ Work _____

Marital Status _____ Spouse's Name _____

Social Security Number _____ Driver's License Number _____

Email Address _____ Okay to Send Correspondence _____

Religion _____ Parish/Church _____

Occupation _____ Employer _____

Secondary Parent/Guardian _____
Name Relationship

Phone Numbers _____
Cell Work

Address _____
Street Address City State ZIP

Marital Status _____ Spouse's Name _____

Social Security Number _____ Driver's License Number _____

Email Address _____ Okay to Send Correspondence _____

Religion _____ Parish/Church _____

Occupation _____ Employer _____

Emergency Contact if Parent(s) Cannot be Contacted in an Emergency

First Contact _____
Name Relationship to Student

Phone Numbers _____
Cell Work

Second Contact _____
Name Relationship to Student

Phone Numbers _____
Cell Work

Third Contact _____
Name Relationship to Student

Phone Numbers _____
Cell Work