



Mary Queen of Saints
Catholic Academy
United in Faith/Growing Together

For Office Use Only
Date Received \_\_\_\_\_
Grade Entering \_\_\_\_\_

STUDENT REGISTRATION FORM

PERSONAL INFORMATION

Student Name \_\_\_\_\_
Last First Middle
Address \_\_\_\_\_ Home Phone Number ( ) \_\_\_\_\_
City/Zip \_\_\_\_\_
Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_
Ethnic Background (please check one): \_\_\_Asian \_\_\_ African American \_\_\_Euro/American
\_\_\_Hispanic \_\_\_Multi-Racial \_\_\_ Native American Indian \_\_\_Pacific Islander

Name of Parent/Guardian (please use complete names):
Father \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_
Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_
City/Zip \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Email address \_\_\_\_\_
Mother \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_
Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_
City/Zip \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Email address \_\_\_\_\_

Parish Membership (please check one) \_\_\_ IHM \_\_\_ HA \_\_\_ MQH \_\_\_ St. Aloysius
\_\_\_ St. Augustine \_\_\_ St. Florian \_\_\_ St. Rita \_\_\_ Other
If "Other" please indicate name of parish \_\_\_\_\_

RECORD OF SCHOOLS ATTENDED

Last School Attended \_\_\_\_\_ Dates \_\_\_\_\_
School Address \_\_\_\_\_

SACRAMENTAL RECORDS

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 \_\_\_\_\_