

Archdiocese of St. Louis
Elementary Schools
Revised January 2021

CUMULATIVE RECORD

Kindergarten - Eighth Grade Registration Form

School: **Good Shepherd Catholic School**

Address: 701 Third Street
Hillsboro, MO 63050
636-789-3311

Payment Date: _____ Paid: \$_____ Cash or Check # _____
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Family Name of Student: _____ First: _____ Middle: _____ Religion: _____
Grade Entered: _____ Today's Date: _____ Home Address: _____
City, State, Zip: _____ Birthdate mm/dd/yy: _____
City & State of Birth: _____ Telephone #: _____
Cell Phone #: _____ Social Security No.: _____ Public School District You Reside In: _____

***** **Family Data** *****

Father: _____ Religion: _____ (Please include Maiden Name)
Mother: _____ Religion: _____
Father's Cellphone #: _____ Mother's Cellphone #: _____
Father's EMAIL Address: _____ Mother's EMAIL Address: _____
Father's Occupation: _____ Business Address: _____ Telephone: _____
Mother's Occupation: _____ Business Address: _____ Telephone: _____

Marital Status: ___ Married ___ Divorced If divorced, which parent has legal custody, Mother or Father. (please circle one)

If Student is not living with parents, complete the following: Guardian: _____
Address of guardian: _____
Telephone of guardian: _____ Cell Number: _____
Occupation of guardian: _____ Business Address: _____
Business Phone Number: _____

***** **Schools Attended** *****

Date Entered	Name of School(s)	City	State	Date Withdrawn	Reason*

*Moved (1) *Illness (2) *Parental Wish (3) *Transferred (4) *Reasons Unknown (5) *Death (6)

Baptism First Communion Confirmation
Date: _____
Place: _____

