

Archdiocese of St. Louis
Elementary Schools
Revised January 2021

CUMULATIVE RECORD Pre-School Registration Form

School: **Good Shepherd Catholic School**
Address: 701 Third Street
Hillsboro, MO 63050
636-789-3311

Days child will be attending: <u>M-W-F</u> or <u>T-TH</u> Full Day _____ Half Day _____ 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: _____

BAPTISM Date & Place: _____

