



# MATER DEI CATHOLIC SCHOOL

## STUDENT REGISTRATION FORM

School Year: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

We ask that you complete the information below to the best of your ability.  
 We ask that information left blank be turned into the school office later.

**Students Enrolling:**

First	Middle	Last
<b>Name Child Answers to</b>		
<b>Gender</b>		
<b>Social Security #</b>		
<b>Birth Date</b>	<b>Location (City, State)</b>	
<b>Race:</b> Federal guidelines require us to record the Race/Ethnicity of every child. You must answer the following questions and then indicate your race. Hispanic is considered an ethnicity and not a racial group. If you are of Hispanic ethnicity, you must also select a racial group.		
<b>Are you Hispanic/Latino or of Spanish origin?</b>		
Yes _____ No _____		
<b>Select one or more of the following racial groups:</b>		
<b>American Indian/Alaska Native</b>		
<b>Asian</b>		
<b>Black/African American</b>		
<b>Native Hawaiian/Pacific Islander</b>		
<b>White</b>		
<b>Last School Attended and Location (City, State)</b>		
<b>Grade Level</b>		
<b>Sibling Information</b>		
<b>Older Sisters</b>	<b>Younger Sisters</b>	<b>Older Brothers</b>
<b>Younger Brothers</b>	<b>Birth Order</b>	
<b>Sacrament Information</b>		
<b>Baptism</b>		
<b>Date</b>	<b>Church, Location (City, State)</b>	
<b>First Reconciliation</b>		
<b>Date</b>	<b>Church, Location (City, State)</b>	
<b>First Communion</b>		
<b>Date</b>	<b>Church, Location (City, State)</b>	
<b>Confirmation</b>		
<b>Date</b>	<b>Church, Location (City, State)</b>	

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<b>Date</b>	<b>Church, Location (City, State)</b>	
<b>Confirmation</b>		
<b>Date</b>	<b>Church, Location (City, State)</b>	

Over

**Please sign and date the back of this form before returning**

**Students Enrolling:**

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<b>First Communion</b>								
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**Signature of Parent(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_