

**HOLY FAMILY SCHOOL**

728 Washington St.

Berwick PA 18603

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**STUDENT REGISTRATION FORM**

DATE: \_\_\_\_\_

ENTERING GRADE: \_\_\_\_\_

**(PLEASE PRINT ALL INFORMATION)**

NAME OF STUDENT: (FIRST, MIDDLE, LAST) \_\_\_\_\_

DATE OF BIRTH: (MTH, DAY, YEAR) \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: (CITY, STATE, ZIP) \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (LISTED OR UNLISTED)

CELL PHONE #'S: \_\_\_\_\_

STUDENT'S PLACE OF BIRTH: (CITY AND STATE) \_\_\_\_\_

STUDENT'S SOCIAL SECURITY #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ CATHOLIC: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ LIVING: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ CATHOLIC: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ LIVING: \_\_\_\_\_

NAMES OF STUDENT'S BROTHERS/SISTERS: \_\_\_\_\_

NAME OF PARISH OR CHURCH WHICH STUDENT BELONGS: \_\_\_\_\_

WAS STUDENT BAPTIZED: \_\_\_\_\_ IF SO (CITY AND STATE) \_\_\_\_\_

DATE OF BAPTISM: (MTH, DAY, YEAR) \_\_\_\_\_

HOME SITUATION: PARENTS MARRIED: \_\_\_\_\_ PARENTS SEPARATED: \_\_\_\_\_ PARENTS DIVORCED: \_\_\_\_\_

CHILD RESIDES WITH: \_\_\_\_\_

IF STUDENT IS LIVING WITH A GUARDIAN, PLEASE GIVE NAME AND ADDRESS:

\_\_\_\_\_

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NAME OF SCHOOL WHICH STUDENT ATTENDED OR IS ATTENDING AT PRESENT:

\_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL DISTRICT IN WHICH STUDENT RESIDES: \_\_\_\_\_

STUDENT'S MEANS OF TRANSPORTATION: (CAR, BUS #, WALK) \_\_\_\_\_

DOES THE STUDENT HAVE ANY PHYSICAL PROBLEMS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF "YES", PLEASE STATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD EVER BEEN RECOMMENDED FOR SPEECH THERAPY? \_\_\_\_\_

OTHER CONDITIONS/COMMENTS: \_\_\_\_\_

\_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_