St. Dominic School
Family Registration Form

Student Registration	for family:			
Student Detail:	**Last Name:**			
	First Name:		**Title:**	
	Nickname:		**Suffix:**	
Personal:	**Relationship:**		**Type:**	
	Grade/Degree:		**Gender:**	
	Marital Status:		**Birthdate:**	
	Language:			
	Ethnicity:			
	Religion:			
	District:			
	Location:			
Phone/Email:	**Phone:**	**Type:** Home/Office/Cell/Other	**Unlisted?** Yes/No	
	Phone:	**Type:** Home/Office/Cell/Other	**Unlisted?** Yes/No	
	Email:	**Type:** Home/Office/Other	**Prefer Email?** Yes/No	
Sacraments:	**Birthplace:**		**Birth Father:**	
			Birth Mother:	
			Mother's Maiden Name:	
	Baptism:	**Name/Extra Info:**		
		Date:	**Status:**	
		Performed by:		
		Church Name:		
	Reconcil:	**Name/Extra Info:**		
		Date:	**Status:**	
		Performed by:		
		Church Name:		
	1st Comm:	**Name/Extra Info:**		
		Date:	**Status:**	
		Performed by:		
		Church Name:		
	Confirm:	**Name/Extra Info:**		
		Date:	**Status:**	
		Performed by:		
		Church Name:		
Health Information:	**Allergies:**			
	Other Conditions:			
	Insurance:			
	Hosptial:			
	Immunizations:			

GRADE ENTERING (PLEASE CIRCLE ONE) K 1 2 3 4 5 3-YR 4-YR PRE-K

PRE-SCHOOL (PLEASE CIRCLE ONE) M - F MORNING M - F FULL

MWF MORNING MWF FULL TTH MORNING TTH FULL