_____
Family Name

Today's date _____

Queen of Angels School

Student Registration

2010-2011

Student's Full Legal Name: _____
First Middle Last

☐ Male ☐ Female Grade entering in September _____ Birth date: _____

Name student prefers to be called: _____

Place of birth: _____ Social Security Number: _____
City State

Student's religion: _____ Student's last school attended: _____

Student resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other arrangement

Ethnic origin of student: ☐ White ☐ Hispanic ☐Asian ☐Multi-racial ☐ Black (NOT Hispanic origin)

☐ Native American ☐ Native Hawaiian / Pacific Islander ☐ Unknown ☐ Other (explain) _____

Allergies or other illnesses, which may require special treatment. Explain.
If medications are taken on a regular basis, explain:

_____

_____

_____

Please be aware of these special medical conditions of my child:

_____

_____

If we have the sacramental data on file you do not need to complete this portion.

Sacramental Data:	**Baptism**	**First Reconciliation**	**First Eucharist**
Date	_____	_____	_____
Church	_____	_____	_____
City/State	_____	_____	_____