



NEW STUDENT REGISTRATION/INFORMATION FORM 2020-2021

J J J J J J

St. Mary of Mt. Carmel Catholic School
425 Central Avenue—Long Prairie, MN 56347

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

Child (s) Name: \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_
Month/Day/Year

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex : M / F

Home Phone Number: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_ Place and Date of Baptism: \_\_\_\_\_
Please provide a copy of Birth Certificate. Please provide a copy of Baptismal Certificate.

Place and Date of First Communion: \_\_\_\_\_ Are you a member of St. Mary of Mt. Carmel Church? YES / NO
Please provide a copy of First Communion Certificate.

Name and address of school last attended: \_\_\_\_\_

Parents' Information:

Father's First Name Father's Last Name Address:

Cell Phone: Email: Religion: Marital Status:

Place of Employment: Work Phone:

Mother's First Name Mother's Last Name Address:

Mother's Maiden Name

Cell Phone: Email: Religion: Marital Status:

Place of Employment: Work Phone:

If divorced or separated, please indicate address you wish reports sent to if non - custodial parent is to receive them: \_\_\_\_\_

If your child is legally NOT to have contact with his/her other parent, please check: [ ]

Other information you would like us to know about your child:

Please list names of brothers and sisters and birth dates:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

PLEASE ENCLOSE IMMUNIZATION RECORDS, BIRTH CERTIFICATE AND BAPTISMAL CERTIFICATE WITH THIS FORM.