



**NEW FAMILY REGISTRATION FORM**  
**2018-19**

**Family Last Name:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Street City Zip

**Mailing Address** \_\_\_\_\_  
(If different from above) Street City Zip

**To whom should the school direct mailings?** \_\_\_\_\_

**Child(dren) Information:**

Child's Name First/Middle	Sex M-F	Date of Birth	Place of Birth	Date of Baptism	Place of Baptism	Date of FirstComm.	Grade/Grade Applying for

**Child(ren) reside(s) with:** \_\_\_\_\_

**School Previously Attended:** \_\_\_\_\_  
School Name

**Ethnic Category – Please check one or more** (for census use only)

- American Indian/Native Alaskan   
  Black/African American   
  Hispanic/Latino  
 White   
  Pacific Islander   
  Asian

Please give any further information you would like us to know about your child. \_\_\_\_\_

**Family belongs to Diocese of Fall River:**  Yes     No    **Other Diocese** \_\_\_\_\_

**Religion (check one)**     Catholic     Non-Catholic

**Are you an active member of St. Francis Xavier Parish in Acushnet?**  Yes     No

**If not a parishioner of St. Francis Xavier, please specify your parish/church on the line below.**

\_\_\_\_\_  
Name of Parish/Church/Synagogue currently registered in City/State

**Citizenship USA:**  Yes     No    **Other Citizenship** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Secondary Language** \_\_\_\_\_

Father's Information		Mother's Information	
Title		Title	
First Name		First Name	
Last Name		Last Name	
Home Address		Home Address	
City		City	
State		State	
Zip		Zip	
Home Phone		Home Phone	
Cell Telephone		Cell Telephone	
Email Address		Email Address	
Job title		Job title	
Employer		Employer	
Employer Address		Employer Address	
City		City	
State		State	
Zip		Zip	
Business Phone	Ext. (      )	Business Phone	Ext. (      )
Religion		Religion	

**\*\*Please note: \$100.00 registration fee per child is non-refundable. Registration fee/s are due at the time of registration along with the Tuition Information Form.**

Please send copies of Birth and Baptismal certificates, as well as Medical/Immunization records prior to the first day of school. Academic Records must also be sent directly to our school office from any previous school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Office Use Only:</b> Date Form Rec'd: _____ Registration Fee: _____ Date Paid: _____</p> <p>Cash _____ Check # _____</p>
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