

ST. MONICA SCHOOL
4320 87TH AVE SE
MERCER ISLAND, WA 98040
206-232-5432 FAX 206-275-2874

NEW STUDENT REGISTRATION

PLEASE PRINT

DATE: _____

NOTE: This form is for students wanting to get on our WAITLIST or entering St. Monica School for the first time.

Student Name _____ **Grade** _____
(Last) (First) (Middle)

Date of Birth _____ **Place of Birth** _____ **Religion** _____
(City and State)

Home Address _____ **Phone** _____
City _____ State _____ Zip _____

Father's Full Name _____ **Religion** _____ **Marital Status** _____

Mother's Maiden Name _____ **Religion** _____ **Marital Status** _____

Guardian (if any) _____ **Religion** _____

Employment of Father _____ **Business Phone** _____

Employment of Mother _____ **Business Phone** _____

School previously attended _____
Address _____
(street) (city) (state) (zip)

Attach a copy of baptismal certificate to this registration sheet UNLESS baptized at St. Monica Church.

PLEASE SUPPLY THE FOLLOWING INFORMATION:

Baptized:

Date _____ **Church** _____ **City** _____ **State** _____

First Communion:

Date _____ **Church** _____ **City** _____ **State** _____

Office use only:

Baptismal Record _____ **Immunization** _____ **Transfer Request** _____ **Permanent Record Card** _____
First Communion Record _____

REVISED 09/09/04