

# St. Bartholomew School

## NEW STUDENT/NEW SIBLING REGISTRATION FORM

STUDENT		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
ADDRESS		
<i>Street Address</i>	<i>Grade Level 2026-2027</i>	
<i>City, State, Zip Code</i>	<i>Date of Birth (mm/dd/yyyy)</i>	
<i>Home Telephone #</i>	<i>Gender:</i> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>M</b>	
REGISTERED PARISH		
<i>Name of Parish</i>	<i>Address</i>	<i>City, State, Zip Code</i>
TRANSFERRING FROM		
<i>Name of School</i>	<i>Address</i>	<i>City, State, Zip Code</i>

Sacrament	Parish	Address, City, State	Date
<i>Baptism</i>			
<i>Penance</i>			
<i>First Communion</i>			
<i>Confirmation</i>			

Race/Ethnicity /Religion <small>(Check box in table.)</small>	Asian	American Indian/Native Alaskan	Black/African American	Native Hawaiian/Other Pacific Islander	White/Caucasian (including Middle East)	Two or more races
<i>Roman Catholic</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Non-Catholic</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Is the student Hispanic?*     **Yes**     **No**

Sibling (attending St. Bartholomew School)	Date of Birth (mm/dd/yyyy)	Sibling	Date of Birth (mm/dd/yyyy)
1.		3.	
2.		4.	

<b>Language spoken at home:</b>	
<b>We were referred by (if applicable):</b>	

*Completion of this registration form is not considered acceptance to St. Bartholomew School. Applications will not be considered complete until all necessary paperwork has been submitted. Please see checklist included in packet.*