



PLEASE PRINT ALL INFORMATION ON THIS FORM

One form for each student



Student's Grade

As of 9/1/2021

Student's Last Name _____ Student's First Name _____ Middle _____

Address _____ City _____ Zip Code _____

Student's Birthdate _____ School Presently Attending _____

Does your student have any food allergies or medical conditions? _____

*****If yes, please list below all medications your student is currently taking, as well as allergies or other medical conditions such as, but not limited to: ADHD, ADD, Autism or Asthma. **If you feel your student needs to have an aide, please contact the Director of Catechetical Ministry when you register.**

PARENT/GUARDIAN INFORMATION

Is the parent/guardian who is registering a St. Victor's Registered Parishioner? **Yes / No**

If No: Do you give us permission to change parish of Registration to St. Victor's Parish? **Yes / No**

Parent Status **(Circle One)** MARRIED DIVORCED SINGLE SEPARATED REMARRIED WIDOWED

MOTHER/GUARDIAN INFORMATION

Last Name _____ First Name _____ Maiden Name _____

Home Phone Number _____ **Cell Phone Number** _____

Address if different from student _____

Best e-mail address (Please print clearly) _____

FATHER/GUARDIAN INFORMATION

Last Name _____ First Name _____ Middle Name _____

Home Phone Number _____ **Cell Phone Number** _____

Address if different from student _____

Best e-mail address (Please print clearly) _____