

St. Gertrude School Pre-Registration Application Form

Recv'd _____

Date/time

NON-REFUNDABLE Registration Fees: \$100 – 1st child; \$90 – 2nd child; \$80 – 3rd child, etc.

PAID: \$ _____ Date recv'd _____

FAMILY NAME _____

MAILING ADDRESS _____

REGISTERED CATHOLIC/PARISH: _____

NON-CATHOLIC/NON-REGISTERED

FATHER'S NAME

MOTHER'S NAME

Last First

Last Maiden First

Religion: _____

Religion: _____

Telephone

Home _____

Home _____

Work _____

Work _____

Cell _____

Cell _____

Pager _____

Pager _____

E-Mail _____

E-Mail _____

(If applicable) GUARDIAN NAME _____ MAILING ADDRESS _____

Telephone: Home _____ Work _____ Cell _____

Pager _____ E-Mail _____

Student(s) currently enrolled:

1. Name _____ Entering Grade _____

2. Name _____ Entering Grade _____

3. Name _____ Entering Grade _____

New student(s) enrolling for the first time:

1. Name _____ Age _____ Sex _____ Entering grade _____

Date of Birth _____ Previous School _____

2. Name _____ Age _____ Sex _____ Entering grade _____

Date of Birth _____ Previous School _____

3. Name _____ Age _____ Sex _____ Entering grade _____

Date of Birth _____ Previous School _____