

Good Shepherd Catholic School Registration Form

Entering Grade _____

Today's Date: _____

Family Name First Middle Place of Birth Date of Birth S.S.#

Address: _____ Home Phone: _____ Parish: _____

City: _____ State: _____ Zip: _____ City _____ State _____

Parish where you are registered: _____ Child's Religion: _____

I am not registered in a parish: _____

Father SS# _____ Mother SS# _____ Guardian SS# _____

Name _____ Deceased () Name _____ Deceased () Name _____ Deceased ()

Address _____ Address _____ Address _____

Phone (Day) _____ Eve _____ Phone (Day) _____ Eve _____ Phone (Day) _____ Eve _____

Place of Birth _____ Place of Birth _____ Place of Birth _____

Religion _____ Occu. _____ Religion _____ Occu. _____ Religion _____ Occu. _____

Date Church City State

Baptism _____

First Penance _____

First Communion _____

Confirmation _____

Admissions/Transfers

Date Has transferred from: Is Admitted To:
School _____ School _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Signature of Person filling out form: _____

OFFICE USE ONLY

Health Records Rec'd: _____(Date)

Baptismal Info Rec'd: _____(Date)