

St. Alphonsus/St. Patrick School
New Student Application/Registration Form
School Year 2026/2027

Date: _____ Grade in 2025-2026 _____

Child's Legal Last Name: _____ First Name: _____ Middle: _____

Address: _____ Telephone Number: _____

Birthdate: _____ City of Birth: _____ Certificate #: _____

Name of public elementary school district in which you reside? Dist. # _____ City: _____

Do you live more than 1 ½ miles from school? _____ yes _____ no

Check the mode(s) of transportation your child takes to school:

_____ Bus (to/from) _____ Car (to/from) _____ Walk (to/from)

Name of parish in which family is registered:

_____ St. Alphonsus & St. Patrick _____ Other (Name) _____ _____ None

Parent Information:

Marital Status: _____ Married _____ Single _____ Divorced

The child lives with _____ Relationship _____

Father's Home Phone # _____ Mother's Home Phone # _____

Father's Cell Phone # _____ Mother's Cell Phone # _____

Father's Work Phone # _____ Mother's Work Phone # _____

Email address _____

Father Information:

Last Name _____ First Name _____ Address _____ City _____ State _____ Zip _____

Birthplace (City, State, Country) _____ Religion _____ Occupation/Employer _____

Mother Information:

Maiden Name	First Name	Address	City	State	Zip
Birthplace (City, State, Country)		Religion	Occupation/Employer		

Student Information:

Religion of student: _____

Baptismal Date: _____ Church /Address: _____

First Communion Date: _____ Church /Address: _____

Confirmation Date: _____ Church /Address: _____

Ethnicity of student: ___American Indian or Alaska Native ___Asian ___Black or African American
 ___Hispanic/Latino ___Native Hawaiian or Other Pacific Islander ___White

Last school attended: _____

Does this child have an: ☐ IEP (Individual Education Plan)
 ☐ 504 Plan

Does this child have any health problems (i.e. allergies, asthma, heart condition, physical ailments, etc.)
that we should be aware of? _____

Medications: _____

Were you referred by a current St. Al/St. Pat's School family? ___no ___yes
' Name: _____

Parent/Guardian Signature

A NON-REFUNDABLE \$300 DEPOSIT IS REQUIRED PER FAMILY WITH REGISTRATION

Office Use Only

Date Paid _____	Amount of Check _____
Check Number _____	Received By _____