

St. La Salle School Registration Application

559-638-2621

Date: _____

School Year: _____

Grade: _____

Student's Name (Last) (First) (Middle) Social Security Number

(Address) (City) (Zip) Home Phone Number

(Date of Birth) (Birth City) (Birth State) Emergency Phone Number

Family E-Mail Address: _____

List Siblings That Attend St. La Salle U.S. Citizen: _____
yes no Ethnic Group

Sex: _____ Languages spoken at home: _____

Child's Religion: _____

SACRAMENTAL RECORD:

Baptism

Holy Communion

Date: _____

Date: _____

Church: _____

Church: _____

City/State: _____

City/State: _____

SCHOOLS ATTENDED

Name of School _____ City State

Date entered: _____

Date withdrew: _____

FAMILY DATA:

Father's Name: _____ S.S. # _____

Address: _____ Phone # _____

Date of Birth: _____ Birthplace: _____ Religion: _____

Occupation: _____ Work Phone #: _____

Alumni of St. La Salle? _____

Mother's Name: _____ S.S. # _____

Address: _____ Phone # _____

Date of Birth: _____ Birthplace: _____ Religion: _____

Occupation: _____ Work Phone #: _____

Alumni of St. La Salle? _____

If Catholic, what Parish do you attend? _____

REGISTRATION FEE: \$170.00 - \$100 DEPOSIT REQUIRED WITH THIS FORM
(Registration Fees & Deposits are non-refundable)

Amount paid _____ CHECK#/CASH _____ Date: _____