



St. Paul Catholic School
1812 St. Paul Rd.
Leitchfield, KY 42754
(270) 242-7483

School Registration Form

Registration for school year _____ - _____

Today's Date: _____

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Grade: _____ Social Security Number: _____ Gender: M or F

Place of Birth: _____ Date of Birth: _____ Race: _____

Student Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Emergency Phone: _____

Date of Baptism: _____ Church: _____ Location: _____

Date of First Communion: _____ Church: _____ Location: _____

Date of Confirmation: _____ Church: _____ Location: _____

Last School Attended (if applicable): _____ Grades: _____

Current Parish or Church: _____

Parent Information:

email address: _____

(For educational level, list highest grade completed or degree/diploma.)

Father: _____ Living: _____ Religion: _____

Educational Level: _____ Occupation: _____

Place of Business: _____ Work # _____ Cell # _____

Mother (Maiden Name): _____ Living: _____ Religion: _____

Educational Level: _____ Occupation: _____

Place of Business: _____ Work # _____ Cell # _____

Guardian (if applicable): _____ Living: _____ Religion: _____

Education Level: _____ Occupation: _____

Transportation:

Ride a Bus: _____ Car Rider: _____ Distance from School: _____ Bus #: _____ Driver: _____

***Please list any other children living in your home under the age of 18 on the back. ----->**

***Please list those people who are authorized to pick up your child/children from school on the back. ----->**

Parent Signature _____ Date _____