

BISHOP GARRIGA MIDDLE PREPARATORY SCHOOL
Student Application
2010-2011 School Year

Registration fee must accompany this form.

Today's date: _____

Child's Social Security Number _____

Grade: _____

Please check: Returning student _____ New student _____

PLEASE READ AND FILL OUT EACH ITEM CAREFULLY

Child's Name: _____

Age as of Sept. 1, 2010 _____

First M.I. Last

Address: _____ City: _____ Zip: _____ Phone: _____

Place of birth: (City & State) _____ Date of birth: _____

School last attended: _____ School address: _____

Religion: _____ Ethnicity: _____ Parish: _____

Please indicate any learning or medical needs of the student: _____

Father's name: _____ Occupation: _____

Father's address: _____ Marital status: _____

Father's email address _____ Home Phone: _____ Cell Phone: _____

Is the above person ___ biological parent ___ step parent ___ grandparent ___ legal guardian

Place of employment: _____ Business phone: _____

Father's religion: _____ Father's social security #: _____

Mother's name: _____ Occupation: _____

Mother's address: _____ Marital status: _____

Mother's email _____ Home Phone: _____ Cell Phone: _____

Is the above person ___ biological parent ___ step parent ___ grandparent ___ legal guardian

Place of employment: _____ Business phone: _____

Mother's religion: _____ Mother's social security #: _____

TWO PERSONS WHO CAN BE CONTACTED IN CASE OF EMERGENCY:

1. _____ Phone#: _____ (H, C, W)
Name Relationship Phone#: _____ (H, C, W)

2. _____ Phone#: _____ (H, C, W)
Name Relationship Phone#: _____ (H, C, W)