

**Bishop John King Mussio Junior High School
Registration Form**

Entering Grade _____

Student Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Home Phone Number _____ Cell Number _____

Family E-Mail Address _____

Birthdate _____ Gender _____ Social Security Number _____

Religion _____ Student's Parish _____

Sacraments Received:

Baptism (church and date) _____

First Communion (church and date) _____

Confirmation (church and date) _____

Public School **District** in which student resides _____

Name of Public School **Building** nearest student's home address _____

ETHNIC GROUP (Please select only one)

____ *American Indian/Alaskan Native* (person having origins in any of original peoples of N America and maintains cultural identification through tribal affiliation or community recognition)

____ *Asian* (person having origins in any one of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)

____ *Hispanic* (persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

____ *Black, not Hispanic origin* (a person having origins in any of the Black racial groups of Africa)

____ *Native Hawaiian/Other Pacific Islander* (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island)

____ *Multiracial* (a person having origins in two or more racial/ethnic categories)

____ *White, not Hispanic origin* (a person having origins in any of the original peoples of Europe, North Africa or the Middle East)

School Previously Attended _____ Grade _____ Date _____

Father's Name _____ Occupation _____
(Last) (First) (Title)

Religion _____ Parish _____ Employer _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Occupation _____
(Last) (First) (Title) (Maiden)

Religion _____ Parish _____ Employer _____

Home Phone _____ Cell Phone _____ Work Phone _____

Whom does student live with? (Please circle): Mother & Father, Mother only, Mother and Stepfather, Father only, Father & Stepmother, Guardian

Parent or Guardian Signature _____ Date _____

Copies needed for complete registration: **Official** Birth Certificate, Social Security Card, Baptism Certificate, Immunization Record

(Please turn over)

Sibling Information (Please list all siblings in the family)

Name	School	Grade	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following information must be provided if the student you are enrolling ***lives with*** a guardian or stepparent:

Stepparent Name _____
(Last) (First) (Title)

Home Phone _____ Work Phone _____ Cell Phone _____

Guardian Name _____
(Last) (First) (Title)

Home Phone _____ Work Phone _____ Cell Phone _____