Bishop John King Mussio Central Elementary School **Preschool** Registration Form

3 year old (by August 1) 4 year old (by August 1)			am interested in a hal	f day program	
Student Name					
Address	(Last)	(First)		(Middle)	
(Street) Home Phone Number		(City)	ilv E-Mail Address	(State)	(Zip Code)
Birthdate			•		
Religion					
Sacraments Received:					
Baptism (Church)			_(City & State)	(I	Date)
First Communion (Church)			(City & State)		_(Date)
Confirmation (Church)			City & State))ate)
Public School District in whi	ich student resides	S			
Name of Public School Build	ding nearest stude	ent's home addi	ress		
ETHNIC GROUP (Please sele	ct only one)				
Native Hawaiian/Other PacitMultiracial (a person having orWhite, not Hispanic origin (a School Previously Attended_	igins in two or more racial person having origins in	I/ethnic categories) any of the original pe	eoples of Europe, North Africa or		
N			0	e	
Father's Name(Last)	(First)	Occuj (Title)	pation	
Religion	Parish		Emp	oloyer	
Home Phone	Cell F	hone	Work P	hone	
Mother's					
Name(Last)	(First)	(Title)	(Maiden)	Occupation	
• •	, ,	` ,	Empl	over	
•			•	Work Phone	
Whom does student live with					
	,			•	
Parent or Guardian Signatur	e			Date	
Copies needed for complete reg	istration:				
Official Birth CertificateSocial Security Card					
Pocial Pechlify Marg					
Baptism Certificate					

(Over please)

Name	Age	Grade	School
			
			
		-	
ha fallanda a lafama di an ma		odent Bosensidh e n	······································
e following information mu	ust be provided if the enrolling st	udent <u>lives with</u> a g	uardian or stepparent:
tepparent			
ame(Last)	(First	1	
	Work Phone	,	Cell Phone
лпс гионс	VVOIN FIIUIIE		OGII F110116
uardian			
ame(Last)	(First)		
เมลอน			