

**PRE-REGISTRATION GRADES K-8: PLEASE PRINT ALL INFORMATION**

STUDENT'S LEGAL NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ RACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
APPLYING FOR GRADE \_\_\_\_\_ FOR THE \_\_\_\_\_ SCHOOL YEAR  
LAST SCHOOL ATTENDED \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
STUDENT NICKNAME \_\_\_\_\_ DOES STUDENT HAVE AN I.E.P. FROM A PREVIOUS SCHOOL? \_\_\_\_\_  
WHAT SPECIAL SERVICES HAS STUDENT RECEIVED? \_\_\_\_\_

NUMBER OF BROTHERS OLDER \_\_\_\_\_ YOUNGER \_\_\_\_\_  
NUMBER OF SISTERS OLDER \_\_\_\_\_ YOUNGER \_\_\_\_\_

**COURTHOUSE COPY OF BIRTH CERTIFICATE REQUIRED FOR PRE-REGISTRATION TO BE COMPLETE**

FATHER'S NAME \_\_\_\_\_ CATHOLIC: YES \_\_\_ NO \_\_\_  
(FIRST) (LAST) OTHER \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ CATHOLIC: YES \_\_\_ NO \_\_\_  
(FIRST) (MAIDEN) (LAST) OTHER \_\_\_\_\_  
FATHER'S EMAIL ADDRESS (PLEASE PRINT) \_\_\_\_\_

MOTHER'S EMAIL ADDRESS (PLEASE PRINT) \_\_\_\_\_

ARE YOU A REGISTERED MEMBER OF ST. MALACHY PARISH? \_\_\_ YES \_\_\_ NO DATE REGISTERED \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_



*If there is a separation/divorce/single parent situation in the family, please complete the following:*

STEP-FATHER'S NAME \_\_\_\_\_ CATHOLIC: YES \_\_\_ NO \_\_\_  
(FIRST) (LAST) OTHER \_\_\_\_\_

STEP-MOTHER'S NAME \_\_\_\_\_ CATHOLIC: YES \_\_\_ NO \_\_\_  
(FIRST) (MAIDEN) (LAST) OTHER \_\_\_\_\_

WITH WHOM DOES THE STUDENT RESIDE: NAME \_\_\_\_\_  
(FIRST) (LAST)

RELATIONSHIP \_\_\_\_\_ LEGAL GUARDIAN \_\_\_ YES \_\_\_ NO

FOR OFFICE USE ONLY		
Baptismal Certificate Verified (Y/N)	Application Status	Additional Information
Birth certificate Verified (Y/N)	1A - Siblings	_____
Parish Registration Verified (Y/N)	1B - Oldest	_____
Records Requested _____	1C - Non-Catholic	_____

SACRAMENTAL INFORMATION: Diocesan Policy requires a Baptismal Certificate on file for registration to be complete.

CATHOLIC BAPTISM:

PARTICIPATION IN FORMAL RELIGIOUS EDUCATION PROGRAMS

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

DIOCESE: \_\_\_\_\_

DIOCESE: \_\_\_\_\_

FIRST RECONCILIATION:     YES     NO

DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CITY: \_\_\_\_\_

DIOCESE: \_\_\_\_\_

FIRST COMMUNION:     YES     NO

DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CITY: \_\_\_\_\_

DIOCESE: \_\_\_\_\_

CONFIRMATION:     YES     NO

DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CITY: \_\_\_\_\_

DIOCESE: \_\_\_\_\_

**PRE-REGISTRO GRADOS K-8 : POR FAVOR ESCRIBA TODA LA INFORMACION**

NOMBRE LEGAL DEL NIÑO(A) \_\_\_\_\_  
(APELLIDO) (NOMBRE) (NOMBRE MEDIO)  
DIRECCION \_\_\_\_\_ CIUDAD \_\_\_\_\_ ESTADO \_\_\_\_\_ CP \_\_\_\_\_  
TELÉFONO \_\_\_\_\_ M \_\_\_\_\_ H \_\_\_\_\_ RAZA \_\_\_\_\_ DÍA DE NACIMIENTO \_\_\_\_\_  
APLICANDO PARA EL GRADO \_\_\_\_\_ PARA EL AÑO ESCOLAR \_\_\_\_\_  
ULTIMA ESCUELA A LA QUE ATENDIO \_\_\_\_\_ CIUDAD \_\_\_\_\_ ESTADO \_\_\_\_\_  
NOMBRE DEL ESTUDIANTE \_\_\_\_\_ EL ESTUDIANTE TIENE UNA FORMA I.E.P. DE SU ESCUELA ANTERIOR? \_\_\_\_\_  
QUE SERVICIONS ESPECIALES HA RECIBIDO EL ESTUDIANTE? \_\_\_\_\_  
NUMERO DE HERMANOS MAYOR \_\_\_\_\_ MENOR \_\_\_\_\_  
NUMERO DE HERMANAS MAYOR \_\_\_\_\_ MENOR \_\_\_\_\_

**COPIA DE LA CORTE DEL CERTIFICADO SE REQUIERE PARA QUE EL PRE-REGISTRO SEA COMPLETADO**

NOMBRE DEL PADRE \_\_\_\_\_ CATÓLICO: SI \_\_\_ No \_\_\_  
(NOMBRE) (APELLIDO)  
OTRO \_\_\_\_\_  
NOMBRE DE LA MADRE \_\_\_\_\_ CATÓLICA: SI \_\_\_ No \_\_\_  
(NOMBRE) (APELLIDO) OTRO \_\_\_\_\_  
EMAIL DEL PADRE (POR FAVOR ESCRIBA) \_\_\_\_\_

EMAIL DE LA MADRE (POR FAVOR ESCRIBA) \_\_\_\_\_

ES USTED MIEMBRO REGISTRADO DE LA PARROQUIA DE ST. MALACHY? \_\_\_ SI \_\_\_ No DÍA DE REGISTRO \_\_\_\_\_

OCUPACIÓN DEL PADRE \_\_\_\_\_ OCUPACIÓN DE LA MADRE \_\_\_\_\_

TELÉFONO DEL TRABAJO \_\_\_\_\_ TELÉFONO DEL TRABAJO \_\_\_\_\_

*Si ha y una situación de separación/divorcio/padre soltero en la familia, por favor complete lo siguiente:*

NOMBRE DEL PADRASTRO \_\_\_\_\_ CATÓLICO: SI \_\_\_ No \_\_\_  
(NOMBRE) (APELLIDO) OTRO \_\_\_\_\_

NOMBRE DE LA MADRASTRA \_\_\_\_\_ CATÓLICA: SI \_\_\_ No \_\_\_  
(NOMBRE) (APELLIDO) OTRO \_\_\_\_\_

CON QUIEN RESIDE EL ESTUDIANTE: NOMBRE \_\_\_\_\_  
(NOMBRE) (APELLIDO)

RELACIÓN \_\_\_\_\_ GUARDIÁN LEGAL \_\_\_ SI \_\_\_ No

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Parish Registration Verified (Y/N)	1B – Oldest	_____
Records Requested _____	1C – Non-Catholic	_____

INFORMACION SACRAMENTAL: LAS POLÍTICAS DE LA DIÓCESIS REQUIEREN CERTIFICADO DE BAUTISMO EN EL ARCHIVO PARA QUE EL REGISTRO PUEDA SER COMPLETADO

BAUTISMO CATOLICO:

PARTICIPACIÓN EN PROGRAMAS EDUCATIVOS RELIGIOSOS

Día: \_\_\_\_\_

Día: \_\_\_\_\_

IGLESIA: \_\_\_\_\_

IGLESIA: \_\_\_\_\_

CIUDAD: \_\_\_\_\_

CIUDAD: \_\_\_\_\_

DIÓCESIS: \_\_\_\_\_

DIÓCESIS: \_\_\_\_\_

PRIMERA RECONCILIACION: \_\_\_\_ SI \_\_\_\_ NO

Día: \_\_\_\_\_

IGLESIA: \_\_\_\_\_

CIUDAD: \_\_\_\_\_

DIÓCESIS: \_\_\_\_\_

PRIMERA COMUNION: \_\_\_\_ SI \_\_\_\_ NO

Día: \_\_\_\_\_

IGLESIA: \_\_\_\_\_

CIUDAD: \_\_\_\_\_

DIÓCESIS: \_\_\_\_\_

CONFIRMACION: \_\_\_\_ SI \_\_\_\_ NO

Día: \_\_\_\_\_

IGLESIA: \_\_\_\_\_

CIUDAD: \_\_\_\_\_

DIÓCESIS: \_\_\_\_\_