

## BISHOP SCHAD REGIONAL SCHOOL

Date \_\_\_\_\_

		Mo.	Day	Year	
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Family Name	First	Middle	Place of Birth	Parish
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Street Address _____	Phone Number _____	No. Younger Children _____
City, Zip _____	E-Mail Address _____	No. Older Children _____

<b>FATHER</b> Name _____  Address _____ Place of Birth _____ Religion _____ Occu. _____ Place of Employment _____ Phone _____	<b>MOTHER</b> Maiden Name _____  Address _____ Place of Birth _____ Religion _____ Occu. _____ Place of Employment _____ Phone _____	<b>GUARDIAN</b> Name _____  Address _____ Place of Birth _____ Religion _____ Occu. _____ Place of Employment _____ Phone _____
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Marital Status: Sgl. Parent \_\_\_ Married \_\_\_ Div. \_\_\_ Separated \_\_\_ Parent Deceased \_\_\_ Remarried \_\_\_\_\_

Custodial Parent \_\_\_\_\_ Name \_\_\_\_\_

If any concerns regarding custody, please send a copy of the court decision to the office

	Date	Church	City	State
Baptism _____				
First Penance _____				
First Communion _____				
Confirmation _____				

**Admissions to This School:**

Date	Gr. Ent'd	Transferred From	City	State	Reason

**OPTIONAL RESPONSE**

The National Catholic Educational Association usually requests information on race of students for the sole purpose of gathering statistics about Catholic Schools throughout the country. Therefore, we request you to check off the race of your child. However, be it known, that Bishop Schad Regional Grammar School admits students of any race, color, national, and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the administration of its educational policies, in its admission policies, scholarships, athletic and/or school-administered programs.

American Indian   
  Afro-American   
  Asian   
  Hispanic   
  White

Name of person filling out this form \_\_\_\_\_