

Parents are:

Married_

ST. STEPHEN SCHOOL

www.ststephensgi.org

P	K/3:	Program#:	1	2	3	4	(please circle
	THE RESERVE	TO SHELL SERVICE OF THE					

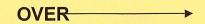
Other_

Divorced_

2024 – 2025 New Student Registration

Please Print Clearly:								
Family Name:								
			Zip					
			Landline					
E-Mail								
		Please print clearly						
Student Legal Nai	me·							
2444 - 114 - 12 - 144 -	Last	First	Middle					
Gender: MF	Birth Date:	Place of	Birth					
		; Caucasian; Hispanic; Asiar	or Pacific Island; Multi-racial					
Sacrament		urch	Date					
Baptism	Gil	urcii	Date					
First Penance								
First Communion								
Previous School Attend								
keligion:		Parish Church						
Child resides with: M	lother Fath	er Both C	other (specify)					
Father:		Mother						
		Maiden						
Address(If different fror		Address						
Home Phone		(if different from student) Home Phone						
Cell Phone		Cell Phone						
Religion		Religion						
E-mail		E-mail						
Occupation		Occupation						
Place of Employment _		Place of Employment						
Address		Address						
Business phone		Business phone						
VIRTUS Certified: Yes		VIRTUS Certified: Yes No						

Separated _



St. Stephen Church Parishioners: If no, Parish Affiliation	Yes N	lo								
Student's Siblings:										
Names				Ages						
Please list in order the Authorized Individuals (other than parents) who are allowed to pick up your child if necessary.										
Name	Relationship	to Child		Phone Number						
Additional Requirements for all new stu	idonts Grado PK	gth .								
Student's current Immunization		-8.								
IEP/504 Plan Documents (if applicable)										
Birth Certificate										
Sacrament Certificate (if applicable)										
BISON Award Letter (if applicable)										
Parent Signature		Date								
Drint Name										
Print Name										
Office Use Only										
Registration Fee: Date	Chec	:k#	Cash							