



ST. STEPHEN SCHOOL

www.ststephensqi.org

PK/3: Program#: 1 2 3 4 (please circle)

PK/4 – Gr. 8: _____

Grade

2024 – 2025 New Student Registration

Please Print Clearly:

Family Name: _____

Address: _____ City: _____ Zip _____

Home Phone Number: _____ Cell _____ Landline _____

E-Mail _____

Please print clearly

Student Legal Name: _____

Gender: M _____ F _____ Birth Date: _____ Place of Birth _____

Race: American Indian; African American; Caucasian; Hispanic; Asian or Pacific Island; Multi-racial

School District Student Resides in: _____

Sacrament	Church	Date
Baptism		
First Penance		
First Communion		

Previous School Attended: _____

Religion: _____ Parish Church _____

Child resides with: Mother _____ Father _____ Both _____ Other (specify) _____

Father: _____ Address _____ <i>(If different from student)</i> Home Phone _____ Cell Phone _____ Religion _____ E-mail _____ Occupation _____ Place of Employment _____ Address _____ Business phone _____ VIRTUS Certified: Yes _____ No _____	Mother _____ <i>Maiden</i> Address _____ <i>(if different from student)</i> Home Phone _____ Cell Phone _____ Religion _____ E-mail _____ Occupation _____ Place of Employment _____ Address _____ Business phone _____ VIRTUS Certified: Yes _____ No _____
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Parents are: Married _____ Separated _____ Divorced _____ Other _____

OVER →

St. Stephen Church Parishioners: Yes _____ No _____

If no, Parish Affiliation _____

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 students Grade PK – 8th :

- Student's current Immunization Record
- IEP/504 Plan Documents (if applicable)
- Birth Certificate
- Sacrament Certificate (if applicable)
- BISON Award Letter (if applicable)

Parent Signature _____ Date _____

Print Name _____

Office Use Only

Registration Fee: Date _____ \$ _____ Check # _____ Cash _____