



# ST. STEPHEN SCHOOL

www.ststephensgi.org

2024 - 2025

## Returning Student Registration

Grade: \_\_\_\_\_

Please Print Clearly:

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Landline \_\_\_\_\_

E-Mail \_\_\_\_\_

*Please print clearly*

Student Legal Name: \_\_\_\_\_

*Last*

*First*

*Middle*

### Grades K-8: Please complete all information below

Father: \_\_\_\_\_

Address \_\_\_\_\_

*(If different from student)*

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Business phone \_\_\_\_\_

VIRTUS Certified: Yes \_\_\_\_ No \_\_\_\_

Mother \_\_\_\_\_

*Maiden*

Address \_\_\_\_\_

*(if different from student)*

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Business phone \_\_\_\_\_

VIRTUS Certified: Yes \_\_\_\_ No \_\_\_\_

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Please list in the order Authorized Individuals (other than parents) are allowed to pick up your child if necessary.

Name	Relationship to Child	Phone Number

Additional Requirements for all students Grade PK – 8:

- Student's Current Immunization Record
- IEP/504 Plan Documents (if applicable)
- BISON Award Letter (if applicable)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Office Use Only
Registration Fee: Date _____ \$ _____ Check # _____ Cash _____