ST. STEPHEN SCHOOL

www.ststephensgi.org

2025 - 2026 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:_____	Mother_____
	Maiden
Address _____	Address _____
(If different from student)	*(if different from student)*
Home Phone _____	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 ____ No ____	**VIRTUS Certified: Yes ____ No ____**

OVER ⟶

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_____