

ST. CLEMENT CATHOLIC ELEMENTARY SCHOOL
TELEPHONE 1-586-757-7500
CURRENT STUDENT REGISTRATION
2010-2011

GRADE IN AUGUST _____ DATE OF REGISTRATION _____

STUDENT NAME _____

ADDRESS _____
Last First Initial CITY ZIP

PHONE _____ SCHOOL DISTRICT RESIDING IN _____

DATE OF BIRTH _____ SEX _____ ETHNICITY _____

Please fill out below only if there are changes from last year.

FATHER INFORMATION:

NAME _____

RELIGION _____

OCCUPATION _____

WORK NUMBER _____

COUNTRY OR STATE OF BIRTH _____

MOTHER INFORMATION:

NAME _____

RELIGION _____

OCCUPATION _____

WORK NUMBER _____

COUNTRY OR STATE OF BIRTH _____

PARISH WHERE FAMILY IS REGISTERED _____

IF NOT WITH PARENTS WITH WHOM DOES CHILD RESIDE? _____

ADDRESS _____ PHONE _____

LANGUAGE SPOKEN IN THE HOME _____

CURRENT MARITAL STATUS: (CIRCLE ONE) MARRIED SEPARATED DIVORCED WIDOWED

CORRECT MAILING FORM TO BE USED: (CIRCLE ONE) MR. MRS. MR. & MRS. MS.

Please read and sign below to complete registration form.

I AGREE TO FULFILL THE FINANCIAL OBLIGATIONS OF ST. CLEMENT CATHOLIC SCHOOL. TUITION PAYMENTS MUST BE MADE ON A TIMELY BASIS. THE SCHOOL MUST BE NOTIFIED AND ARRANGEMENTS MADE IF PAYMENTS BECOME 2 MONTHS DELINQUENT. FAILURE TO COMMUNICATE WILL RESULT IN A STUDENT'S REMOVAL FROM CLASSES. THIS WILL TAKE PLACE ON A QUARTERLY BASIS.

ALL TUITION AND SCHOOL FEES MUST BE PAID IN FULL BEFORE ANY STUDENT WILL BE ALLOWED TO RECEIVE A REPORT CARD AT THE END OF THE SCHOOL YEAR. SCHOOL RECORDS OR DIPLOMAS WILL BE HELD UNTIL ALL TUITION AND FEES ARE PAID.

PARENT SIGNATURE

DATE