# Archdiocese of Miami ● 2013-2014 REGISTRATION FORM

**School Name**  *Please complete all fields below.*

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| STUDENT INFORMATION |
| Student Name:  | ID: |
| Year of Graduation:  |
| Address:  | City, State Zip:  |
| Student Home Phone: | Gender:  | Student Birthdate: |
| Place of Birth:  | Student SS#: |
| Previous school attended:  |
| Religion: |  Ethnicity: | 🞏 American Indian / Native Alaska 🞏 Asian 🞏 Black 🞏 Native Hawaiian / Pacific Islander🞏 White 🞏 Multi-Racial |
| Present Parish:  |
| Year of Baptism: |
| Year of Confirmation: |
| Student Cell: | Select One: | 🞏Hispanic 🞏 Non-Hispanic |
| Student Email:  |
| parent/Guardian INFORMATION |
| **Student Lives with:** 🞏 Both Parents 🞏 Mother 🞏 Father 🞏 Guardian:  |
| **Mother’s/Guardian Name:** 🞏 Mrs. 🞏 Ms. |  | **Father’s/Guardian Name:** |
| Mother’s Address: City, State Zip: | Father’s Address: City, State Zip |
| Home Phone Number:  | Home Phone Number:  |
| Cell Number:  | Cell Number:  |
| Work Number:  | Work Number:  |
| Email:  | Email:  |
| Employer:  | Employer:  |
| Position:  | Position:  |
| **Living:** 🞏 Yes 🞏 No | **Catholic:** 🞏 Yes 🞏 No | **Living:** 🞏 Yes 🞏 No | **Catholic:** 🞏 Yes 🞏 No |
| **School Alumni:** 🞏 Yes 🞏 No | **If yes, Grad Year:** | **School Alumni:** 🞏 Yes 🞏 No | **If yes, Grad Year:** |
| OTHER INFORMATION |
| Emergency Contact:  | Relationship:  |
| Phone Number:  | Cell Number: |
| Physician’s Name:  | Physician’s Phone Number: |
| Medical conditions/Medications:  |
| **Family member(s) currently attending this school (list grade level/relationship):**  |
|  |
| **Other Family member(s) who have graduated from this school (list name, relationship & grad year):**  |
| Name: | Name: | Name: |
| Relationship: | Relationship: | Relationship: |
| Grad Year: | Grad Year: | Grad Year: |
| **Names of person(s) with permission to pick-up student during school hours:** |
|  |
| I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school. I certify, to the best of my knowledge, that the information provided is true and accurate. |
| **Parent/Guardian signature:** | **Date:** |

# Note: The Archdiocese of Miami is authorized under federal law to enroll nonimmigrant alien students and issue i-20 certificates in order for students to obtain F-1 status. If you need assistance, please let the school know at registration.