

**MONSIGNOR MATTHEW F. CLARKE SCHOOL
RE-REGISTRATION FORM 2017 – 2018 SCHOOL YEAR**

Name of Child: _____
Last First Middle I.

Address: _____

2nd Address If Needed: _____

Home Phone: _____ Cell (Mother): _____ Cell (Father): _____

Father's Name: _____ Occupation: _____

Religion: Catholic _____ Other: _____

Married _____ Divorced _____ Remarried _____ Single _____ Step _____ Widower _____

Mother's Name: _____ Occupation: _____

Religion: Catholic _____ Other: _____

Married _____ Divorced _____ Remarried _____ Single _____ Step _____ Widower _____

Father E-Mail: _____

Mother E-Mail: _____

Legal Guardian's Name (if applicable): _____

Occupation: _____

Religion: Catholic _____ Other: _____

Guardian's Cell Phone: _____

Guardian's E-Mail: _____

Parish to which the family belongs: _____

Siblings: _____

(Please list names, ages, and schools currently attending)

Child resides with: _____ Both Parents _____ Mother _____ Father _____ Other

SPECIAL CIRCUMSTANCES REGARDING CUSTODY OR VISITATION PAPERS: Yes ___ No ___

***A copy of the custody document MUST BE SUBMITTED PRIOR TO THE START OF SCHOOL. Divorced or separated parents must file a court-certified copy of the custody section of the divorce or separation decree with the principal's office. The school will not be held responsible for failing to honor arrangements that have not been made known.**

Parent/Guardian Signature Date

My signature verifies that all information on this application is true and no pertinent or requested information has been withheld. I understand that if in fact information has been withheld, my child's application status may be changed and acceptance rescinded.

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| OFFICE USE: \$150.00 registration fee due at time of registration (non-refundable) REGIS. FEE Date paid: _____ Check #: _____ New _____ Returning _____ Referral _____ Verified by: _____ |
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