

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

Name of Child: _____
Last First Middle I.

Address: _____

2nd Address If Needed: _____

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

Father's Name: _____ Occupation: _____

Religion: Catholic _____ Other: _____

Mother's Name: _____ Occupation: _____

Religion: Catholic _____ Other: _____

Father E-Mail: _____ Mother E-Mail: _____

Legal Guardian's Name (if applicable): _____ Occupation: _____

Religion: Catholic _____ Other: _____

Guardian's Cell Phone: _____ Guardian's E-Mail: _____

If Catholic to which Parish does the family belong: _____

Child's Date of Birth: _____ Gender: ___ M ___ F **Entering Grade:** _____

Child's Date of Baptism: _____ Church: _____

Child's Date of First Communion: _____ Church: _____

School last attended: _____

Address of school: _____

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.**

Family Referred By: _____

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I understand that if in fact information has been withheld, my child's application status may be changed and acceptance rescinded.

Student acceptance is not final until the student has attended a "shadow" day and all recommendations have been received from the student's current school.

OFFICE USE: \$150.00 registration fee due at time of registration (non-refundable) REGIS. FEE Date paid: _____ Check #: _____ Cash _____ Rc'vd By: _____ New _____ Shadow date: _____ all recommendations received: _____ Verified by: _____
--