

Student's Name _____ M ___ F ___
Last First Middle

Address _____ City _____ Zip _____

Date of Birth _____ Birth Place _____ Social Security# _____

Home Phone # _____ Cell # _____ E-mail _____

Father's Name _____ Work Place _____ Phone # _____

Mother's Name _____ Work Place _____ Phone# _____

Student Live With: _____ Mother _____ Father _____ Both Parent's _____ Other
***If a student is not living with parents, the school requires a Certificate of Guardianship from probate court.

Brother/Sisters in Bishop McVinney School

Name/Grade	Name/Grade	Name/Grade
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_____ Catholic _____ Church Ethnicity: _____ Black _____ Hispanic
_____ Non-Catholic _____ Church _____ White _____ Asian _____ Other

Language Spoken at Home _____ Last School Attended _____

Address _____ Phone # _____ Grade Entering _____

Special Needs/Classes Attended _____

Please indicate how your child will be dismissed: _____ bus _____ pick-up _____ walk _____ Day care

Medical Information _____
Doctor/Clinic _____ Phone # _____

Allergies/Medical Problems/Medicines _____

***Copy of immunization record and physical required for new students and students entering Gr. 7

Forms that need to accompany registration – New Students Only

_____ Immunization _____ Physical _____ Birth Certificate _____ Report Card