

**SAINT PATRICK SCHOOL
16 MAIN STREET
PELHAM, NH 03076
(603) 635-2941**

**OFFICIAL REGISTRATION FORM
2008-2009 SCHOOL YEAR
(New Student)**

To complete the registration process, return this completed form with a \$75.00 registration fee per child. Fee is non-refundable under any circumstances.

PLEASE PRINT!

CHILD'S FULL NAME _____
(First) (Middle) (Last)

Grade in 2008-2009 _____ Male ___ Female ___ Date of Birth _____

Birthplace _____ Social Security # _____

Home Address _____ Town _____ Zip _____

Home Phone # _____ E-mail Address _____ Cell Phone# _____

Mother's Name _____ Mother's Religion _____
Last First Maiden

Mother's Work Phone # _____ Occupation _____

Father's Name _____ Father's Religion _____

Father's Work Phone # _____ Occupation _____

Name of Parent(s) Child Lives With _____

Baptism Information _____
(Date) (Church) (City/State)

First Communion Information _____
(Date) (Church) (City/State)

Are you a registered member of Saint Patrick Parish, Pelham? _____ Parish Envelope # _____

Are you a contributing member of another Parish? _____ Name of Parish _____

Do you have other children attending Saint Patrick School? _____

Previous School Attended _____ Years _____

Does your child have an IEP (special ed. requirements)? _____

Does your child have any other physical disabilities we should know about i.e. speech, language, vision, hearing, behavioral issues? ___ Yes ___ No If yes, explain on back of form.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY:

Registration Fee Paid: Amt. _____ Check # _____ Cash _____ Date _____

Registration accepted: Date _____ INIT: _____