

# ST. FRANCIS DE SALES CATHOLIC SCHOOL

20 Desales Avenue \* Lebanon, Ohio 45036 \* 513-932-6501 \* www.stfrancisdesales-lebanon.org

## St. Francis de Sales School NEW Student Registration Form

**Incoming Grade** \_\_\_\_\_

**Student** \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip  
Home Phone \_\_\_\_\_ Birthplace \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

School district student resides in \_\_\_\_\_ County \_\_\_\_\_

Parents are \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

**Father** \_\_\_\_\_ Email \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
If different than above Street City Zip

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Mother** \_\_\_\_\_ Email \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
If different than above Street City Zip

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Schools Attended**      Address      City/State      Date Entered      Date Withdrawn

1. \_\_\_\_\_  
2. \_\_\_\_\_

**Sacraments**      Church      City/State      Date

Baptism \_\_\_\_\_  
First Eucharist \_\_\_\_\_  
Confirmation \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form with a copy of the child's birth certificate, baptismal certificate and immunization records. The non-refundable registration fee of \$100 per family and non-refundable student activity fee of \$60.00 per child are to be paid on-line.**