NEW FAMILY REGISTRATION FORM

ST. KIERAN CATHOLIC SCHOOL - 1347 Camillo Way El Cajon, CA 92021

\$150 per child NON-REFUNDABLE FEE

SCHOOL YEAR ENROLLING: 20 - 20 Student Name:_ Grade: (Last) (First) (Middle) (CURRENT) Date of birth: Place of birth: Address: (Street/Number) (City) Phone: Email Baptism (Place & Date):_____ First Communion (Place & Date): First Penance (Place & Date):_____ School Presently Attending: _____ If St. Kieran, how long?_____ Current Parish of Affiliation:____ Father's Name: _ ___ Religion: ___ (Middle) Occupation: __ (Business Name/Address) (Business Phone) Mother's Name: Religion: (Middle) Occupation: ___ (Business Name/Address) (Business Phone) Please check the arrangement which best reflects your living situation: Mother & Father () Father//Stepmother () Mother () Father () Mother/Stepfather () Parents Divorced () Grandparents () Other () Complete A or B, if applicable: A: Step-Parent Name: (Last) (First) (Middle) Occupation: _ (Business Name/Address) (Business Phone) B: Guardian _____ Relationship: (Last) (Middle) (First) Occupation: ____ (Business Name/Address) (Business Phone) Children in Family: Names (Oldest First) Living at home Yes / No Birthdate Relationship Grade SURVEY INFORMATION (Please complete this information for statistical purposes ONLY as it may help our school receive additional funding) Ethnic Group (Optional): __ Native American __ Caucasian __ Hispanic __ African American __ Asian ___ OTHER If not St. Kieran School, which public school will student be registered: Reason for enrolling at St. Kieran School: