BISHOP GARRIGA MIDDLE PREPARATORY SCHOOL

Student Application 2017 - 2018 School Year

Registration fee <u>must</u> accompany this form.			Today's date:	
Will you be filing for tuition as	sistance this	year? Y or N	Next Year's Grade:	Male / Female
Please check: Returning studer	nt	New student	Age as of Sept. 1,	2017
Child's Name: First			Preferred Name	
Address:	M.I.	City:		Zip:
Place of birth: (City & State)			Date of birth:	
School last attended:				
Religion: E		one please list all ethi		
Please indicate any learning or	medical nee	ds of the student:		
Please list medication			Is it distributed at hom	ne or school?
Father's name:		Home Phone	e: Cell Phon	e:
Father's address:			Marital status:	
Father's email address biologous Place of employment: Father's religion:	ogical parent	step parent	grandparent	legal guardian
Mother's name:		Home	e Phone: Cell I	Phone:
Mother's address:			Marital status:	
Mother's email bio Is the above person bio Place of employment: Mother's religion:	logical pare	nt step paren	t grandparent	legal guardian
TWO PERSONS WHO CAN	BE CONT.	ACTED IN CASE O	F EMERGENCY:	
1Name		Relationship	Phone#: Phone#:	
2Name		Relationship	Phone#: Phone#:	