

# All Saints School --- New Family Registration 2008-2009

PLEASE, FORM MUST BE COMPLETED IN FULL

<b>1</b>	Student's Last Name	First Name	Middle Name	08-09 Gr.	M/F	Birth Date
<b>2</b>	Student's Last Name	First Name	Middle Name	08-09 Gr.	M/F	Birth Date
<b>3</b>	Student's Last Name	First Name	Middle Name	08-09 Gr.	M/F	Birth Date
<b>4</b>	Student's Last Name	First Name	Middle Name	08-09 Gr.	M/F	Birth Date

**Ethnic Background of students:**

\_\_\_\_\_ Asian/Pacific Is \_\_\_\_\_ Native American \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Muliti Racial \_\_\_\_\_ Other

Is this child/ren a U.S. Citizen/Legal resident? \_\_\_ Yes \_\_\_ No

How did you hear about our school?

Primary Household: Names of Parents/Guardians, (please state relation to child) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation (Dad) \_\_\_\_\_ Wk # \_\_\_\_\_ Cell/Pgr # \_\_\_\_\_

Occupation (Mom) \_\_\_\_\_ Wk # \_\_\_\_\_ Cell/Pgr # \_\_\_\_\_

Other household: Name of Parents/Guardians, please state relation to child. \_\_\_\_\_ (H) # \_\_\_\_\_ Wk# \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ St/Zip \_\_\_\_\_ Cell # \_\_\_\_\_

If joint custody, please provide office with information and legal papers.

**Student Living With:**

\_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather  
 \_\_\_\_\_ Stepmother \_\_\_\_\_ Foster \_\_\_\_\_ Other

**Religion**

Father \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Child/ren \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Family's Religious Affiliation** \_\_\_\_\_

**Parish (if Catholic)** \_\_\_\_\_

**Date of Baptism**

Child # 1) \_\_\_\_\_  
 Child # 2) \_\_\_\_\_  
 Child # 3) \_\_\_\_\_  
 Child # 4) \_\_\_\_\_

**Date of 1<sup>st</sup> Eucharist:**

Child # 1) \_\_\_\_\_  
 Child #2) \_\_\_\_\_  
 Child # 3) \_\_\_\_\_  
 Child # 4) \_\_\_\_\_

Emergency Contact # 1 (must be other than parent) \_\_\_\_\_ Contact's Phone \_\_\_\_\_ Name of Grad & Years of any All Saints School Alumni in family. \_\_\_\_\_

Emergency Contact # 2 (must be other than parent) \_\_\_\_\_ Contact's Phone \_\_\_\_\_

Please consider for admission to All Saints School the above - named applicant(s).

\_\_\_\_\_  
 Name of Parent/Guardian filing application \_\_\_\_\_ Signature of Parent/Guardian filing application \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the school office WITH the following documents attached:

1. Copy of Birth Certificate
2. Copy of Immunization History Information
3. Copy of Baptismal Record (if applicable)
4. Copy of Custodial Agreement (if applicable)

Name and address of Last School Attended  
 Child # 1) \_\_\_\_\_  
 Child # 2) \_\_\_\_\_  
 Child # 3) \_\_\_\_\_  
 Child # 4) \_\_\_\_\_

Main Campus 504 2<sup>nd</sup> St SW Puyallup, WA 98371 (253) 845-5025 Fax # (253) 435-9841  
 Satellite Campus: St. Martin of Tours 2323 -54 Ave E Tacoma, WA 98424 (253) 922-5360 Fax # (253) 922-6746  
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