

Main Campus:
504 2nd St SW
Puyallup, WA 98371
253.845.5025
253.435.9841 (Fax)

Fife Campus:
2323 54th Ave E
Fife, WA 98424
253.922.5360
253.922.6746 (Fax)

ALL SAINTS SCHOOL
STUDENT REGISTRATION
2010/2011 SCHOOL YEAR

Today's Date _____

Date Accepted _____
Chk # _____ Cash _____
Amt. _____ (Office Use Only)

Child resides with: Both Parents Father Mother Guardian

(If additional room is needed, please use reverse)

Child's Last Name	First	Middle	M	F	Age	Grade 10/11
Date of Birth	Birth Place		Religion		Parish	
Baptism:	Date	Church/Parish		City/State		
First Communion:	Date	Church/Parish		City/State		
School Last Attended:	Address:					

CUSTODIAL FATHER/GUARDIAN

CUSTODIAL MOTHER/GUARDIAN

Name _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Cell Phone _____
Employer _____
Occupation _____
Business Phone _____
Religion _____
Marital Status _____
E-Mail _____

Name _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Cell Phone _____
Employer _____
Occupation _____
Business Phone _____
Religion _____
Marital Status _____
E-mail _____

Which e-mail address (only one per household) would you like published in our Family Directory? _____ Father / _____ Mother

Ethnic Designation: The Catholic Schools Department of the Seattle Archdiocese requests this information be provided for inclusion in Archdiocesan reports. Please check the ethnic designation, which most closely applies to this student

American Indian/
Native Alaskan Asian Black Hispanic Native Hawaiian/
Pacific Islander White Multi-Racial

Please mark all that apply:

- _____ Siblings currently enrolled at All Saints School
- _____ Registered & attending mass as an All Saints Parishioner since _____ (date)
- _____ Catholic – Member of _____ Parish
- _____ Non-Catholic

Name and graduation year of any All Saints School Alumni in the family _____

How did you hear about us _____

Is your child receiving any special services at his/her present school? _____ If yes, please explain: _____

Does your child have any special considerations of which we need to be aware? _____

				M	F		
Child's Last Name	First	Middle	Gender	Age	Grade 10/11		
Date of Birth	Birth Place		Religion		Parish		
Baptism:	Date		Church/Parish		City/State		
First Communion:	Date		Church/Parish		City/State		
School Last Attended:	Address:						

				M	F		
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Date of Birth	Birth Place		Religion		Parish		
Baptism:	Date		Church/Parish		City/State		
First Communion:	Date		Church/Parish		City/State		
School Last Attended:	Address:						

				M	F		
Child's Last Name	First	Middle	Gender	Age	Grade 10/11		
Date of Birth	Birth Place		Religion		Parish		
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School Last Attended:	Address:						