



BOSCO CATHOLIC SCHOOL SYSTEM REGISTRATION (PK-12)

Student's Name _____
Last First (legal) Middle (must include) First (preferred)

Address _____
Street include PO Box City Zip

Male **Female** **Date of Birth** _____ **Grade Entering** _____ **School Year** _____
(circle one)

Race/Ethnicity _____ **Resident County** _____

- Catholic** Parish registered _____
- Non-Catholic**

Student lives with: Both parents Mother Father Other _____

Mother: _____ Religion _____
Last First (Maiden)

Cell Phone _____ Email Address _____

Occupation _____ Place of Employment _____

Father: _____ Religion _____
Last First (Maiden)

Cell Phone _____ Email Address _____

Occupation _____ Place of Employment _____

Guardian's Name _____ Religion _____
(if not living with parents)

Siblings: _____
Name Date of Birth Name Date of Birth

Name Date of Birth Name Date of Birth *(list additional on back)*

Record of Sacraments

Date Church City State

Baptism _____

First Eucharist _____

Medical Information

Family Doctor _____ Regular medication for child _____

Reason _____

Any medical condition/Allergies which could affect the child's learning or that teachers should know

School District Information

Resident School District (circle one)

Waterloo Jesup Union Dunkerton Cedar Falls Denver Other _____

School last attended _____ City, State _____

School Support

Can you support our philosophy and mission of a Christ-centered academic program in partnership with parent support? We do this in our school by having our students participate in religion classes; student liturgies/prayer services weekly and on designated holy days; prayer; service learning; and teaching Catholic values throughout the curriculum.

Yes No _____
(circle one) initial

Do you grant permission to share your phone number and email address with our BCSS parent ambassadors?

Yes No _____
(circle one) initial

Please return this form to any BCSS school office.