



SUMMERVILLE CATHOLIC SCHOOL
226 BLACK OAK BLVD., SUMMERVILLE, SC 29485-5800
(843)873-9310 Fax (843)873-5709

REGISTRATION FORM 2010-2011

STUDENT INFORMATION (one per child) GRADE ENTERING _____

STUDENT NAME-----
Last First Middle

ADDRESS-----
Street City/State Zip

HOME PHONE NUMBER-----MALE-----FEMALE-----

SSN-----DOB-----PLACE OF BIRTH-----

WHITE BLACK HISPANIC ASIAN AMERICAN INDIAN MULTI-RACIAL

RELIGION-----IF CATHOLIC, PARISH-----

FAMILY INFORMATION EMAIL ADDRESS _____

FATHER'S NAME----- MOTHER'S NAME-----

ADDRESS----- ADDRESS-----

City State Zip City State Zip

HOME PHONE-----HOME PHONE-----

EMPLOYER----- EMPLOYER-----

BUSINESS PHONE----- BUSINESS PHONE-----

STUDENT LIVES WITH: FATHER-----MOTHER-----OTHER (RELATIONSHIP)-----

FINANCIAL RESPONSIBILITY WILL BE ASSUMED BY: -----

NUMBER OF BROTHERS-----AGES-----NUMBER OF SISTERS-----AGES-----

DATE AND PLACE OF BAPTISM-----

DATE AND PLACE OF COMMUNION-----

DATE AND PLACE OF CONFIRMATION-----

ACADEMIC INFORMATION *IEP SPECIAL ACCOMMODATIONS OTHER

PREVIOUS SCHOOL ATTENDED-----

DATES OF ATTENDANCE-----

ADDRESS & PHONE #-----

DISTRICT IN WHICH YOU RESIDE ELEMENTARY MIDDLE

*Tuition assistance may be available to qualifying families