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

REGISTRATION FORM 2012-2013

- **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----------

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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**