

Registration Fee - \$50.00

Grade Entering 2011-2012 School Year _____
Student ID # _____

Bishop Walsh School Registration Form

Please complete **BOTH SIDES** of this **ENTIRE** registration form for each child in your family in **BLUE** or **BLACK** ink. If a question does not apply to your child or family, please mark it N/A.

School Entering From:

___ Bishop Walsh School ___ Other School (please specify) _____
If entering from a school other than BW, please provide the previous school's FAX number _____

Student Data

Last Name _____ First _____ Middle _____

Date of Birth _____ Gender ___F ___M Home Telephone _____

Street Address _____ City _____ State ___ Zip _____

Student resides with: Both parents ___ Father only ___ Mother only ___ Other _____

Student's siblings: _____ Age _____ Age _____
_____ Age _____ Age _____

Parent Data

Father's Full Name _____
Father's Residential Address (if different from student)

Mother's Full Name _____
Mother's Residential Address (if different from student)

Street _____

Street _____

City, State, Zip _____

City, State, Zip _____

Phone _____ Cell _____

Phone _____ Cell _____

Employer Name _____

Employer Name _____

Work Address _____

Work Address _____

City, State, Zip _____

City, State, Zip _____

Work Telephone _____

Work Telephone _____

Email (home) _____

Email (home) _____

Email (work) _____

Email (work) _____

Bishop Walsh Alumnus ___No ___Yes _____ Year

Bishop Walsh Alumna ___ No ___Yes _____ Year
Maiden Name _____

I would like the school to communicate with me by: ___ Email ___ Postal Mail ___ Website

To whom and where do you want mail addressed? _____

Each parent/guardian agrees that by signing this Registration Form (I) the parent(s)/guardian(s) shall pay all tuition, fees and other costs of the child's education established by the school; and (II) the parent(s)/guardian(s) and the child shall comply with the rules and regulations set forth in the school's policy manual, or otherwise published or announced by the school, as they presently exist, and as amended from time to time. If parent(s)/guardian(s) fail to make any payment when due, parent(s)/guardian(s) shall be liable to School for all collection costs incurred, including, without limitation, reasonable attorneys fees.

****Both parents MUST sign this registration, if possible**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Catholic ____ Parish Name _____ Envelope # _____

Date of Baptism and Church where Baptized _____

Date of Sacrament of Reconciliation _____ Date of First Communion _____

Date of Confirmation _____

Non-Catholic ____ Church _____

Language spoken/written/read in the home _____

If student is to be picked up by anyone other than the parent, please list name and telephone number:

Name _____ Phone _____ Name _____ Phone _____

All new student entries and transfers please provide the following:

Immunization Record ____ Birth certificate ____ Health Inventory ____

Emergency Data

Each student must also submit a completed health form to the Health Room.

List at least two neighbors or relatives who will assume temporary care of your child if you cannot be reached:

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

3. Name _____ Telephone _____

Address _____

4. Name _____ Telephone _____

Address _____

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is not possible to contact this physician, the school may make arrangements as deemed necessary.

Signature of Parent or Guardian _____ Date _____

Physician _____ Hospital of choice _____