

**DIOCESE OF ROCHESTER STUDENT REGISTRATION RECORD ELEMENTARY SCHOOLS**

Registration for ALL SAINTS ACADEMY School

Date of Registration \_\_\_\_\_

*Please Print*

Child(ren) lives with \_\_\_\_\_ Relationship to student \_\_\_\_\_

Parent/Guardian (as you wish your name to appear on official communication) **Please fill out reverse side of page also.**

M/M Dr./Mrs. Mr. Mrs. Miss Ms. \_\_\_\_\_  
 (Please Circle One) Last Name First MI

Mailing address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Street City/Town State Zip

Two Emergency phone numbers Person \_\_\_\_\_ Phone # \_\_\_\_\_

Person \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Mom Cell# \_\_\_\_\_ Dad Cell # \_\_\_\_\_

I (mother) am a proud graduate of a DOR Catholic Grade School: Name of School \_\_\_\_\_ Year \_\_\_\_\_

I (father) am a proud graduate of a DOR Catholic Grade School: Name of School \_\_\_\_\_ Year \_\_\_\_\_

**Public School District of Residence** \_\_\_\_\_

Student's Last Name	First Name	Middle Initial	M/F	Date of Birth	Present School/Grade	# Years in Catholic schools	School September	Grade Sept.	Student Social Security Number
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____

American Indian Black (not Asian or Hispanic White(not  
 Alaskan Native Hispanic Origin) Pacific Islander Hispanic origin)

Last school attended \_\_\_\_\_ Grade \_\_\_\_\_  
 Street City/Town State Zip Phone ( ) \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

**New York State Public Health Law requires that all students have satisfactory proof of immunization against diphtheria, polio, measles, rubella, haemophilus influenzae type b (Hib) and mumps. Documentation must be provided before the first day of school.**

**\*\*\*NEED A COPY OF BIRTH CERTIFICATE, BAPTISMAL RECORD, IMMUNIZATION RECORD AND HEALTH HISTORY FOR ALL PREK, K AND NEW STUDENTS. \*\*\***

Student's religion \_\_\_\_\_ Family registered in \_\_\_\_\_ Parish/Church

Student Name	Baptism Date/Place	First Communion Date/Place	First Penance Date/Place	Confirmation Date/Place
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**FOR OFFICE USE ONLY: VALIDATION OF RECORDS**  
 Birth Certificate: \_\_\_\_\_ Baptismal record: \_\_\_\_\_ Immunization record \_\_\_\_\_

## FAMILY INFORMATION

	Father	Mother Maiden Name _____	Parent Substitute Relationship _____
Name First	_____	_____	_____
Last	_____	_____	_____
MI	_____	_____	_____
Address Street	_____	_____	_____
City/Town	_____	_____	_____
State	_____	_____	_____
Zip	_____	_____	_____
Cell Phone #	_____	_____	_____
E-Mail Address	_____	_____	_____
Birthplace	_____	_____	_____
Year of Birth	_____	_____	_____
SS#	_____	_____	_____
Religion	_____	_____	_____
Citizenship (Country)	_____	_____	_____
Last grade of school completed	_____	_____	_____
Occupation	_____	_____	_____
Business Address	_____	_____	_____
Business Phone	_____	_____	_____
Other language(s) spoken in the home	_____	_____	_____
Check any that apply:	_____	_____	_____
a. Married	_____	_____	_____
b. Deceased (give date)	_____	_____	_____
c. Divorced	_____	_____	_____
e. Remarried	_____	_____	_____
f. Single	_____	_____	_____

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