

ST. MALACHY SCHOOL
340 E BELLE

ISSUED _____
RANTOUL, IL 61866

OFFICE USE
DATE

DATE RETURNED _____
DATE ACCEPTED _____

PRE-REGISTRATION GRADES 1-8: PLEASE PRINT ALL INFORMATION

STUDENT'S LEGAL NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ M _____ F _____ RACE _____ DATE OF BIRTH _____

APPLYING FOR GRADE _____ FOR THE _____ SCHOOL YEAR

LAST SCHOOL ATTENDED _____ CITY _____ STATE _____

STUDENT NICKNAME _____ DOES STUDENT HAVE AN I.E.P. FROM A PREVIOUS SCHOOL? _____

WHAT SPECIAL SERVICES HAS STUDENT RECEIVED? _____

NUMBER OF BROTHERS OLDER _____ YOUNGER _____
NUMBER OF SISTERS OLDER _____ YOUNGER _____

COURTHOUSE COPY OF BIRTH CERTIFICATE REQUIRED FOR PRE-REGISTRATION TO BE COMPLETE

FATHER'S NAME _____ CATHOLIC: YES ___ NO ___
(FIRST) (LAST) OTHER _____

MOTHER'S NAME _____ CATHOLIC: YES ___ NO ___
(FIRST) (MAIDEN) (LAST) OTHER _____

FATHER'S EMAIL ADDRESS (PLEASE PRINT)

MOTHER'S EMAIL ADDRESS (PLEASE PRINT)

ARE YOU A REGISTERED MEMBER OF ST. MALACHY PARISH? ___ YES ___ NO DATE REGISTERED _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

BUSINESS PHONE _____ BUSINESS PHONE _____

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If there is a separation/divorce/single parent situation in the family, please complete the following:

STEP-FATHER'S NAME _____ CATHOLIC: YES ___ NO ___
(FIRST) (LAST) OTHER _____

STEP-MOTHER'S NAME _____ CATHOLIC: YES ___ NO ___
(FIRST) (MAIDEN) (LAST) OTHER _____

WITH WHOM DOES THE STUDENT RESIDE: NAME _____
(FIRST) (LAST)

RELATIONSHIP _____ LEGAL GUARDIAN ___ YES ___ NO

FOR OFFICE USE ONLY		
Baptismal Certificate Verified (Y/N)	Application Status	Additional Information
Birth certificate Verified (Y/N)	1A – Siblings	_____
Parish Registration Verified (Y/N)	1B – Oldest	_____
Records Requested _____	1C – Non-Catholic	_____

SACRAMENTAL INFORMATION: Diocesan Policy requires a Baptismal Certificate on file for registration to be complete.

CATHOLIC BAPTISM:

PARTICIPATION IN FORMAL RELIGIOUS EDUCATION PROGRAMS

DATE: _____

DATE: _____

CHURCH: _____

CHURCH: _____

CITY: _____

CITY: _____

DIOCESE: _____

DIOCESE: _____

FIRST RECONCILIATION: ____ YES ____ NO

DATE: _____

CHURCH: _____

CITY: _____

DIOCESE: _____

FIRST COMMUNION: ____ YES ____ NO

DATE: _____

CHURCH: _____

CITY: _____

DIOCESE: _____

CONFIRMATION: ____ YES ____ NO

DATE: _____

CHURCH: _____

CITY: _____

DIOCESE: _____