

# PIQUA CATHOLIC SCHOOL STUDENT INFORMATION

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ RACE: \_\_\_\_\_

*Last*                      *First*                      *Middle*

RELIGION: \_\_\_\_\_ PARISH/PASTOR: \_\_\_\_\_

PUBLIC SCHOOL DISTRICT OF RESIDENCE: \_\_\_\_\_

.....FOR OFFICE USE ONLY.....

DATE REGISTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHDATE VERIFIED: (yes) \_\_\_\_\_ (no) \_\_\_\_\_

TRANSFERRING FROM: \_\_\_\_\_

HOMEROOM \_\_\_\_\_ TEACHER \_\_\_\_\_

|                    | DATE           | PLACE |
|--------------------|----------------|-------|
| 1. BIRTHDATE:      | ____/____/____ | _____ |
| 2. BAPTISM:        | ____/____/____ | _____ |
| 3. RECONCILIATION  | ____/____/____ | _____ |
| 4. FIRST COMMUNION | ____/____/____ | _____ |
| 5. CONFIRMATION    | ____/____/____ | _____ |

## EMERGENCY INFORMATION

|                  | FIRST CONTACT  | SECOND CONTACT        |
|------------------|----------------|-----------------------|
| NAME:            | _____          | _____                 |
| RELATIONSHIP:    | _____          | _____                 |
| ADDRESS:         | _____          | _____                 |
| PHONE:           | ____-____-____ | ____-____-____        |
| DOCTOR/HOSPITAL: | _____          |                       |
| ADDRESS:         | _____          | PHONE: ____-____-____ |
| DENTIST:         | _____          |                       |
| ADDRESS:         | _____          | PHONE: ____-____-____ |

Please call 773-1564 (North Street Campus) or 773-3876 (Downing Street Campus) for additional information.

Please return this form to either:

PIQUA CATHOLIC SCHOOL  
NORTH STREET CAMPUS  
503 W. NORTH STREET  
PIQUA, OHIO 45356

PIQUA CATHOLIC SCHOOL  
DOWNING STREET CAMPUS  
218 S. DOWNING STREET  
PIQUA, OHIO 45356

**PIQUA CATHOLIC SCHOOL  
REGISTRATION FORM  
FAMILY/GUARDIAN INFORMATION**

1. MAILING NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_
4. HOME PHONE: \_\_\_\_\_
5. PARISH/PASTOR: \_\_\_\_\_
6. WE LIVE MORE THAN 2 MILES FROM PIQUA CATHOLIC: (yes) \_\_\_\_\_ (no) \_\_\_\_\_
7. IF YES TO #6, IS BUS TRANSPORTATION REQUESTED: (yes) \_\_\_\_\_ (no) \_\_\_\_\_
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8. CHILD LIVES WITH: (CIRCLE ALL THAT APPLY) Father, Mother, Step-Father,  
Step-Mother, Grandfather, Grandmother, Guardian, other.

8. NAMES OF PARENTS  
WITH WHOM CHILD LIVES \_\_\_\_\_

FATHER or STEPFATHER

MOTHER or STEPMOTHER *please include  
maiden name*

|               |       |       |
|---------------|-------|-------|
| NAME:         | _____ | _____ |
| ADDRESS:      | _____ | _____ |
| CITY/ST./ZIP: | _____ | _____ |
| BUSINESS:     | _____ | _____ |
| BUS. ADDRESS  | _____ | _____ |
| CITY/ST./ZIP: | _____ | _____ |
| BUS. PHONE:   | _____ | _____ |
| RELIGION:     | _____ | _____ |

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If there is any other person who should receive a report card or other information from the school,  
please list below:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_