

Date Received _____
Date Recorded _____
Office Use Only

Little Flower School
20410 Point Lookout Road, Great Mills, MD 20634
Office: 301-994-0404 Fax: 301-994-2055

New Student Registration Form 2009-2010

Student's Full Name: _____
(Last) (First) (Middle)

Grade in School Year 2009-2010: _____

Date of Birth: _____ **Gender:** Male _____ Female _____
(M/D/YR)

Place of Birth: _____
(City) (State)

Physical Address (911 Address):

(Street) (City) (State) (Zip Code)

Mailing Address:

(Street) (City) (State) (Zip Code)

Nearest Public School: _____ **Bus #:** _____ / _____
a.m. / p.m.

Child's Religion: _____ **Parish Where Registered:** _____
Do You Financially Support This Parish? Yes ___ No ___

Date of Baptism: _____ **Name of Church:** _____
(M/D/YR)

Location (City/State): _____

Date of 1st Communion: _____ **Name of Church:** _____
(M/D/YR)

Location (City/State): _____

Child's Ethnicity (Circle): **American Indian** **Black (Not Hispanic)** **Hispanic**
 White/Caucasian **Multi-Racial** **Oriental/Asian**

Primary Language spoken, read, and written in the home: _____
Grade Repeated, if any: _____

Student Resides With (Circle): **Both Parents** **Mother** **Father** **Other**

Names and Grades of Siblings Attending Little Flower School:

Name: _____ Grade 2009-2010: _____
Name: _____ Grade 2009-2010: _____
Name: _____ Grade 2009-2010: _____
Name: _____ Grade 2009-2010: _____

Father's/Step-Father's/Guardian's Name: _____

Home Address (if different from above):

Father's/Step-Father's/Guardian's Religion: _____

Employer's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Mother's/Step- Mother's/Guardian's Name: _____

Home Address (if different from above):

Mother's/Step- Mother's/Guardian's Religion: _____

Employer's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Non-Custodial Parent's Name: _____ Spouse (if applicable): _____

Should This Parent Receive a Copy of Child's Report Card? Yes No

Home Phone: _____ Work Phone: _____

Name of Person(s) Financially Responsible for Tuition: _____

Mailing Address (if not above): _____

List pertinent information regarding allergies, educational, physical disabilities and/or medical needs:

Name of Child's Physician: _____ Physician's Phone: _____

If parents cannot be reached, list an alternative emergency contact below:

Name: _____ Phone: _____ Relationship to Child: _____

School Previously Attended: _____

Complete Mailing Address of Previous School:

(Street) (City) (State) (Zip Code)