

4745 Pennsylvania Avenue * Fair Oaks, CA 95628 * 916-967-2814 * stmelschool.org

New Family Registration Form

Please complete this form in its entirety. - For students entering 1 st through 8 th grades, please submit copies of stan scores and report cards for the last two years. - Please return this form and the requested documents to the school office								d test			
Entering Grade i	n Fall:	□тк	□К	□ 1st	□ 2nd	□ 3rd	□ 4th	□ 5th	□ 6th	□ 7th	□ 8th
Student's Last N	ame				First Na	ame				Middle	Name
Address			City			State		ZIP		Phone 7	#
Date of Birth		Place o	of Birth			Gender				Citizen	ship
E-Mail Address							Home I	_anguage	/Second	Language	e
Ethnic Backgrou				lative Ala acific Isla		□ Asia		□ Blac		□ Hisp	oanic isclosed
School last attender	ded:					Reason	for leavi	ng			
Address:						City/Sta	ate/Zip _				
Baptism:	□ Yes	□ No	Date		C	hurch	Name			City/Sta	ate
Reconciliation:	□ Yes	□ No	Date		C	hurch	Name			City/Sta	ate
First Eucharist:	□ Yes	□ No	Date		C	hurch	Name			City/Sta	ate
Confirmation: ☐ Yes ☐ No Date			C	_ Church Name				City/State			

PARENT/GUARDIAN INFORMATION Mother/Guardian

Married Name Surname/Maiden	First Name	Middle Name
Address (If different from Student)	City/State/Zip	Home Phone
Place of Birth	US Citizen	Religion and Faith
Occupation Father/Guardian	Company Name	Work Phone
Married Name Surname/Maiden	First Name	Middle Name
Address (If different from Student)	City/State/Zip	Home Phone
Place of Birth	US Citizen	Religion and Faith
Occupation	Company Name	Work Phone
Step Mother/Custodial Grandmoth	er (if applicable)	
-	er (if applicable) First Name	Middle Name
Married Name Surname/Maiden		Middle Name Home Phone
Married Name Surname/Maiden Address (If different from Student)	First Name	
Married Name Surname/Maiden Address (If different from Student) Place of Birth	First Name City/State/Zip	Home Phone
-	First Name City/State/Zip US Citizen Company Name	Home Phone Religion and Faith
Married Name Surname/Maiden Address (If different from Student) Place of Birth Occupation	First Name City/State/Zip US Citizen Company Name	Home Phone Religion and Faith
Married Name Surname/Maiden Address (If different from Student) Place of Birth Occupation Step Father/Custodial Grandfather Married Name Surname/Maiden	First Name City/State/Zip US Citizen Company Name (if applicable)	Home Phone Religion and Faith Work Phone
Married Name Surname/Maiden Address (If different from Student) Place of Birth Occupation Step Father/Custodial Grandfather	First Name City/State/Zip US Citizen Company Name (if applicable) First Name	Home Phone Religion and Faith Work Phone Middle Name

SIBLINGS

Name	Age	Grade in School	School of Attendance
Name	Age	Grade in School	School of Attendance
Name	Age	Grade in School	School of Attendance
List at least three	e reasons for sending your	child to St. Mel School	
1			
2.			
3.			
Signature		1	Date
If a student is acc	cepted to St. Mel School of enter after the sixth week	the basis of sex, race, color, national or eluring the first six weeks of the school state, then tuition will be prorated. The reg	year, tuition will be charged for the
For Office Use	Only		
Copies Furnished	d:□ Birth Certificate □	Baptismal Certificate 🗆 Immunizatio	on □ Report Cards/Test Scores