



ST. TERESA CATHOLIC SCHOOL

1108 LEBANON AVENUE
BELLEVILLE, IL 62221
PHONE (618) 235-4066 ~ FAX (618) 235-7930

NEW STUDENT REGISTRATION FORM

****Please print in black or blue ink ONLY!****

Student's **LEGAL** Name: _____
(Last, First, Middle)

Student prefers to be called: _____ (This is the name the student will be taught to recognize and write)

Grade Entering: _____ School Year: _____ Gender (circle): M/F Race: _____

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City, State

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Public School Name and District #: _____

Last School Attended: _____

PreK Students Only: Has your child been in a: _____ Daycare Center; _____ Home Daycare; _____ Other Pre-School

PARENT/GUARDIAN INFORMATION

Student resides with (circle one): Parents Mother Father Legal Guardian

Father's Name: _____ Divorced _____ Separated _____ Remarried _____ Deceased _____

Father's Address (if different from student): _____

Father's Cell Phone Number: _____ Email Address: _____

Employer: _____ Work Phone Number: _____

If remarried, please enter spouse's name: _____

Mother's Name: _____ Divorced _____ Separated _____ Remarried _____ Deceased _____

Mother's Address (if different from student): _____

Mother's Cell Phone Number: _____ Email Address: _____

Employer: _____ Work Phone Number: _____

If remarried, please enter spouse's name: _____

SIBLING INFORMATION (Please list ALL siblings)

Sibling Name(s)	Date of Birth	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAITH INFORMATION

Religion: _____ Registered at St. Teresa Parish? Yes ___ No ___
Registered at St. Luke Parish? Yes ___ No ___

Student's Baptism:

Date: _____ Church: _____

City: _____ State: _____ Zip: _____

Student's First Communion:

Date: _____ Church: _____

City: _____ State: _____ Zip: _____

Student's Confirmation:

Date: _____ Church: _____

City: _____ State: _____ Zip: _____

The \$100 Registration Fee per student is **REQUIRED** to reserve your student's place in class and must accompany this form. This fee will only be refunded if school is notified by July 1st.

A certified copy of the student's birth certificate **MUST** be presented at the time of registration as proof of age.

Parent Signature: _____ Date: _____

Parent Name (printed): _____