

St. James the Greater School  
Family Registration Form

School Year: \_\_\_\_\_ Family Last Name: \_\_\_\_\_ Check  New or  Returning family

Family Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Info

Parental Status:  Married  Separated  Divorced  Remarried  Single  Widow/Widower  Other

Students Live With:  Both Parents/Guardian  Mother  Father  Mother/Stepfather  
 Father/Stepmother  Grandparents  Other

Language spoken at home:  English  Spanish Other: \_\_\_\_\_

Fill in the address of the person/s with whom the students live.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Silent Number.  Other Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Exclude email from School Directory

Exclude family from the School Directory  Exclude Address from School Directory

Father

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father Email: \_\_\_\_\_

Father Religion: \_\_\_\_\_

Mother

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother Email: \_\_\_\_\_

Mother Religion: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Other Adults Living at this Home

\_\_\_\_\_

\_\_\_\_\_

Transportation

List anyone else who may pick up your students.

\_\_\_\_\_

Emergency Contact

List a person who can be contacted in case of an emergency if Parent/Guardian is not available.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

If a second family should receive information from the school, enter that information below.

Name: \_\_\_\_\_ Relationship to Student/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: Enter any additional comments about your family you feel the school should have.