| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DD MM YY |  |  |  |  |  |  | DD MM YY |  |  |  |  |  |  |  |  |  |
| Date of Birth |  |  |  |  |  |  | Date of Entry |  |  |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |


| Class |  |
| :--- | :--- |
| Assigned |  |


| FOR OFFICIAL USE ONLY |  |
| :--- | :--- |
| House Assignment (please tick one $\mathfrak{r}$ ) |  |
| Aquinas (Yellow) |  |
| Chaconia | (Green |
| Finbar (Blue) |  |
| Ibis (Red) |  |



| Address (if different from student's) | 何 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |




| Address (if different from student's) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |



| Parents' Marital Status (please tick one $\checkmark$ ) Marri | Separated | Divo | Remarried |  |
| :---: | :---: | :---: | :---: | :---: |
| Currently the student lives with: (please tick one $\checkmark$ ) | Both Parents | Mother | Father | Guardian |
| Legal custody is currently with: (please tick one $\checkmark$ ) | Both Parents | Mother | Father | Guardian |




I hereby give my release and consent in case of an emergency for my son to be treated by a doctor or hospital emergency room if I cannot be reached by phone.
$\qquad$
Parent/Legal Guardian's Signature Relation to student

Date
Hobbies and/or special interests of student


SAMPLE SIGNATURES (IF PERSONS ARE PRESENT)

| SAMPLE SIGNATURES (IF PERSONS ARE PRESENT) |  |  |
| :---: | :---: | :---: |
| Father | Mother | Guardian |
|  |  |  |

I, as the registering Parent/Legal Guardian, certify that the information given in this form is true and correct.

## For Official Use Only

Processing Staff Signature
Date

