

# ST. HENRY'S AREA SCHOOL

253 2nd St. S.W.  
Perham, MN 56573  
218-346-6190

## REGISTRATION FORM

Name \_\_\_\_\_ M \_\_\_ F \_\_\_  
Last First Middle

Address \_\_\_\_\_

Phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Full Name of Father \_\_\_\_\_

Occupation \_\_\_\_\_ Business Address \_\_\_\_\_

Full Name of Mother \_\_\_\_\_

(include maiden name)

Occupation \_\_\_\_\_ Business Address \_\_\_\_\_

Marital Status:

Married \_\_\_\_\_ Sep. or Div. \_\_\_\_\_ Deceased \_\_\_\_\_ Remarried \_\_\_\_\_

If divorced, please list custodial parent \_\_\_\_\_

Brothers and Sisters: how many older \_\_\_\_\_ how many younger \_\_\_\_\_

Birth date of child \_\_\_\_\_  
Month Day Year

Bus Transportation: Yes \_\_\_\_\_ No \_\_\_\_\_

Parish where registered \_\_\_\_\_

Religion of Father \_\_\_\_\_ Mother \_\_\_\_\_

Baptism of child \_\_\_\_\_  
Month Day Year Place

Kindergarten: (Please choose one) 4 days \_\_\_\_\_ 5 days \_\_\_\_\_

School last attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_