

CLASSROOM REGISTRATION



Please print: complete **one** registration for each student in your family.

Homeroom: _____

Full Baptismal Name: _____
Last First Middle

Nickname, if applicable _____

Address _____
Street City Zip

Home Phone _____ Birth date _____

E-mail Address _____

Print name of person/s to whom to address correspondence.

Signatures of parent/s (used to verify signatures during the year.)

_____ Father Mother

Homeroom: _____

Full Baptismal Name: _____
Last First Middle

Nickname, if applicable _____

Address _____
Street City Zip

Home Phone _____ Birth date _____

E-mail Address _____

Print name of person/s to whom to address correspondence.

Signatures of parent/s (used to verify signatures during the year.)

_____ Father Mother



CHRIST KING SCHOOL

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