## PRINCE OF PEACE CATHOLIC SCHOOL

625 Pike Street, Covington, Kentucky 41011

Telephone: (859) 431-5153

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STUDENT INFORMATION						
Student Name:						
(Last)	(First)	(M	iddle)			
HomeAddress:						
City:	State:	Zip Code:_				
Home Telephone:	Student S	Social Security #				
Date of Birth:	Birth Pl	Birth Place:				
	(Place/l	Hospital) ((	City) (State)			
Ethnic Background:	Religion	n:	Sex:			
Present School:	Present Grade:					
Registering for Grade:	Public	School District:_				
County:						
PARENT/GUARDIAN INFO	RMATION					
Father/Guardian Name:						
(Last)	(First)	(Midd	le)			
Home Address:	City:		State:			
Telephone:	_Birth Father:	Stepfather:	Guardian			
Birth Place:	_Date of Birth:	U.S. Citizen: Y	//N Deceased: <u>Y/N</u>			
Highest Level of Education:		Religion				
Employeer&Occupation:						
Business Address:		Business Phone				
Cell Phone:	Email:	Marita	al Status:			

Mother/Guardian Nam	e:			
	(Last)	(First)	(Middle)	(Maiden)
Home Address:				
City:	State:_		Zip Cod	e:
Telephone:	Birth Mother:_	Step	Mother:	_Guardian:
Birth Place:	Date of Birth:_	U	S Citizen: Y/N	Deceased: <u>Y/N</u>
Highest Level of Educa	ıtion:	F	Religion:	
Employer &Occupation	n:			
Business Address:			Business Phone	»:
Cell Phone:	Emai	l:	Marit	al Status:
Has this child ever atte	they attend?			
SACRAMENTS	DATE	СН	URCH	CITY/STATI
BAPTISM				
FIRST RECONCILIATI	[ON			
FIRST EUCHARIST				
CONFIRMATION				
*Please list any other i success in Prince of Pe	_		d benefit your c	hild/children
FOR OFFICE USE ONI			(D.1.771)	
REGISTRATION ACCE	:PTED:		(DATE)	2/21