



ST. PATRICK CATHOLIC SCHOOL

4142 N. 61st Street, Lincoln, Nebraska 68507 (402) 466-3710

ST. PATRICK SCHOOL STUDENT REGISTRATION FORM

Student's Name _____
(Last) (First) (Middle)

Place of Birth _____ Date of Birth _____ Grade: _____
(City) (State)

Family e-mail address: _____ Parent who child resides with: _____

Baptism Date _____ Church _____ City _____

First Communion Date _____ Church _____ City _____

Confirmation Date _____ Church _____ City _____

Father's Full Name _____ Living Deceased
(Last) (First) (Middle)

Address _____

Date and Place of Birth _____

Religion _____ Member of St. Patrick's Parish? Yes No: Your Parish: _____

Occupation _____ Business Name _____

Work Address/Phone _____ Cell Phone _____

Highest Education _____ E-mail _____

Mother's Full Name _____ Living Deceased
(Last Legal) (First) (Middle) (Maiden Name)

Address _____

Date and Place of Birth _____

Religion _____ Member of St. Patrick's Parish? Yes No: Your Parish: _____

Occupation _____ Work Name _____

Work Address/Phone _____ Cell Phone _____

Highest Education _____ E-mail _____

One Per Student