



St. Louis
Catholic Academy

In Pursuit of Excellence

St. Louis Catholic Academy

Registration Information 2009-2010

4720 Carter Avenue, St. Louis, MO 63115

(314) 389-0401 office

(314) 389-7042 fax

Parent ID _____

Please fill out form completely

Student ID _____

STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____ Grade _____ Bdate _____ SSN _____ Gender _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Student Cell # _____

School District and Nearest Public School which student resides _____

City and State of Birth _____

PARENT INFORMATION

Referred By _____

Student Lives With _____

If student is not with biological parents, who is the Legal Guardian? _____

Mother's Name _____

Mother's Address _____

Mothers Home # _____

Mother's Cell # _____

Other Phone #s _____

Mother's Work Place _____

Mother's Occupation _____

Mother's Work # _____

Mother's Work Cell # _____

Father's Name _____

Father's Address _____

Father's Home # _____

Father's Cell # _____

Other Phone # _____

Father's Work Place _____

Father's Occupation _____

Father's Work # _____

Father's Work Cell # _____

FORMER SCHOOL

Current Student _____ School District _____

(If this is a transfer student, please provide information below and fill out Student Record Request.)

Former School _____ Principal _____

School Address _____

School Phone # _____ School Fax # _____

RELIGIOUS AFFILIATION

Interested In Being Catholic _____

Is child baptized _____ Church where child was baptized _____

Student's Religion _____ Mother's Religion _____ Father's Religion _____

Church _____ Pastor _____