



# MARIAN CENTRAL CATHOLIC HIGH SCHOOL

## REGISTRATION APPLICATION

Student ID #: \_\_\_\_\_

Office Use Only

### STUDENT INFORMATION (Please print student's complete LEGAL name)

Date of Birth: \_\_\_\_\_  
Month Day Year

Sex: ( ) Male ( ) Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Mother Cell Phone ( ) \_\_\_\_\_ Father Cell Phone ( ) \_\_\_\_\_

Student Resides With: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Other

\_\_\_\_\_ (If Other, please indicate who student resides with)

Mother E-Mail Address: \_\_\_\_\_ Father E-Mail Address: \_\_\_\_\_

### ETHNICITY/RACE (please check all that apply)

- ( ) CAU - White or Caucasian  
(Including Europe, Middle East, and North Africa)
- ( ) AFAM - Black or African American  
(Including Africa and Caribbean)
- ( ) AMIND - American Indian or Alaskan Native
- ( ) ASIAN - Asian (including India and Philippines)
- ( ) HIS - Hispanic or Latino
- ( ) OTHER - Native Hawaiian or Other Pacific Islander

### SCHOOL/PARISH INFORMATION

Jr. High Attended: \_\_\_\_\_

Jr. High City: \_\_\_\_\_

Public High School District: \_\_\_\_\_

High School City: \_\_\_\_\_

Parish/Church: \_\_\_\_\_

Parish City: \_\_\_\_\_

### FAMILY INFORMATION

\_\_\_\_\_ Father \_\_\_\_\_ Stepfather

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: ( ) \_\_\_\_\_

Marian Graduate: ( ) Yes \_\_\_\_\_ Year ( ) No

### FAMILY INFORMATION

\_\_\_\_\_ Mother \_\_\_\_\_ Stepmother

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: ( ) \_\_\_\_\_

Marian Graduate: ( ) Yes \_\_\_\_\_ Year ( ) No



# MARIAN CENTRAL CATHOLIC HIGH SCHOOL

## REGISTRATION APPLICATION

Other Family Members:  
(please circle brother or sister)

Brother/Sister Name \_\_\_\_\_ Grade/Age School/Occupation \_\_\_\_\_

Brother/Sister Name \_\_\_\_\_ Grade/Age School/Occupation \_\_\_\_\_

Brother/Sister Name \_\_\_\_\_ Grade/Age School/Occupation \_\_\_\_\_

Brother/Sister Name \_\_\_\_\_ Grade/Age School/Occupation \_\_\_\_\_

Brother/Sister Name \_\_\_\_\_ Grade/Age School/Occupation \_\_\_\_\_

### Student's Paternal Grandparents

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_

### Student's Maternal Grandparents

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_

Does your student receive special education services? \_\_\_\_ Yes \_\_\_\_ NO

If Yes, what type of services does he/she receive? \_\_\_\_\_

**Please attach a copy of his/her IEP, ISP, or 504 Plan.**

I hereby give permission to Marian Central Catholic High School to include my name, address and phone number in the school's student directory. \_\_\_\_ Yes \_\_\_\_ NO

I hereby give permission to Marian Central Catholic High School to use my student's photographs for school publications and publicity.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**How did you hear about Marian Central Catholic High School? (Check all that apply)**

\_\_\_\_ Marian Graduate \_\_\_\_ Church/Bulletin \_\_\_\_ Family \_\_\_\_ Referral \_\_\_\_ Other \_\_\_\_\_