



ABERDEEN CATHOLIC SCHOOL SYSTEM

1400 North Dakota Street

Aberdeen, SD 57401

KINDERGARTEN REGISTRATION FORM

CHILD'S NAME _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) M F

ADDRESS _____ HOME PHONE _____

CELL PHONE # _____ E-MAIL ADDRESS _____

DATE OF BIRTH _____ BIRTHPLACE _____ (CITY) _____ (STATE) _____ (COUNTY) _____ (ZIP) _____

ENTERING DATE _____ ENTERING GRADE _____ STUDENT SOCIAL SECURITY #: _____

SCHOOL LAST ATTENDED _____ ADDRESS _____

FATHER'S NAME* _____ MOTHER'S MAIDEN NAME* _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

BUSINESS PHONE _____ BUSINESS PHONE _____

RELIGION _____ RELIGION _____

NAME OF PARISH WHERE REGISTERED _____

STUDENT'S RELIGION _____ STUDENT ETHNIC BACKGROUND: White _____ Black _____ Asian _____ Hispanic _____ Native American _____

PARENT'S MARITAL STATUS: Married _____ Divorced _____ Separated _____ Widowed _____ Single Parent _____ Other _____

SIBLINGS: (names and ages) _____

*If student is living with someone other than parents:

NAME _____ RELATIONSHIP _____

***I would be interested in:** Full days Half days

-----Registration will be completed when the following have been received at school-----

CHILD'S BIRTH CERTIFICATE

CERTIFICATE OF IMMUNIZATION – South Dakota Department of Health

BAPTISM RECORD _____ DATE _____ CHURCH _____ ADDRESS – CITY – STATE – ZIP _____

Signature of Parent or Guardian: _____ Date: _____