



Mishawaka Catholic School Returning Student/Family Registration

Please list all K-8th grade students who will be attending MCS for the 2017/2018 academic year.

Student Full Name	Date of Birth	Grade Entering 2017/2018	Sex

Please include a \$50 non-refundable registration fee for each student listed above. Fee amounts may be totaled on one check, made payable to Mishawaka Catholic School.

Primary Home Address _____
City, State, Zip Code _____
Primary Phone _____ Email Address _____
Name of public school student would attend if not attending MCS? _____
_____ Catholic _____ Other Registered, active member(s) of _____ Parish.
School Choice Scholarship: Did you receive a Voucher or SGO for any previous school year? _____ Yes _____ No

Mother's or Guardian's Information	Father's or Guardian's Information
First Name _____ Last Name _____	First Name _____ Last Name _____
Religion: _____	Religion: _____
Home Address if different from Primary: _____	Home Address if different from Primary: _____
Cell Phone: _____	Cell Phone: _____
E-Mail Address: _____	E-Mail Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____

Student(s) live(s) with: _____ Both Parents _____ Father _____ Mother _____ Stepfather _____ Stepmother
Other: _____
Parents' Marital Status: _____ Married _____ Single, never married _____ Divorced _____ Separated
(A copy of custody/guardianship papers required)

Signature of Parent/Guardian: _____ Date: _____

For office use only
Date Received: _____ Payment Received: Y / N By: _____ Payment Method: _____