
PROVIDENCE CATHOLIC HIGH SCHOOL
STUDENT REGISTRATION FORM

Office Use Only

Date: _____

Room: _____

Fee Paid: _____

Contact Information:

Student's Full Name (do not use nickname):

Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone beginning with area code: _____

Birth date: ____ / ____ / ____ Birthplace: City _____ State _____

Gender: Female Male

Mother's Email address: _____

Father's Email address: _____

Religion (choose one):

Catholic

Lutheran

Baptist

Jewish

DfYgVnhMf]Ub

Methodist

No Religion

Other (please specify) _____

Name of your Parish/Church: _____

City of your Parish/Church: _____

Grade School/Junior High/Middle School:School student is presently attending
and from which he/she will graduate
this May/June: _____

City of the above school: _____

Continue on the next page

Parent Information:

Father: Living Deceased

Mother: Living Deceased

Student resides with:

Mother & Father

Mother only

Father Only

Mother & Step-Father

Father & Step-Mother

Guardian

Please provide the names for parents/guardians which you indicated above.

Choose: Father Step-Father Guardian

Last: _____ First: _____

Choose: Mother Step-Mother Guardian

Last: _____ First: _____ Maiden: _____

Family Information:

Please list student's siblings:

Name: _____ Age: _____ Gender: M F Current Grade: _____

Name: _____ Age: _____ Gender: M F Current Grade: _____

Name: _____ Age: _____ Gender: M F Current Grade: _____

Name: _____ Age: _____ Gender: M F Current Grade: _____

Name: _____ Age: _____ Gender: M F Current Grade: _____

Please list any family member who presently attends or who graduated from Providence Catholic:

Name: _____ Currently Ut PCHS PCHS Graduate

Name: _____ Currently Ut PCHS PCHS Graduate

Name: _____ Currently Ut PCHS PCHS Graduate

Name: _____ Currently Ut PCHS PCHS Graduate

Name: _____ Currently Ut PCHS PCHS Graduate

Name: _____ Currently Ut PCHS PCHS Graduate