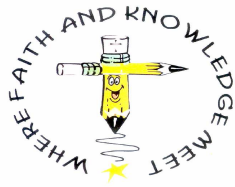


St. Louis de Montfort
School



St. Louis de Montfort School
5095 Harp Road
Santa Maria, CA 93455
(805) 937-5571

Email: SldMschool@sbceo.org

*Please bring in a copy of: Birth Certificate Baptismal Certificate Immunization Record
 Standardized Testing Report Card

DATE _____

FAMILY NAME _____

PARENTS:

MOTHER'S NAME _____ Cell # _____

FATHER'S NAME _____ Cell # _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

RELIGION _____

*IF CATHOLIC, NAME OF PARISH _____

STUDENT INFORMATION

#1 _____

STUDENT'S NAME	GRADE ENTERING	BIRTHDATE
_____	_____	_____
BAPTISMAL DATE	SCHOOL PRESENTLY ATTENDING	
_____	_____	

#2 _____

STUDENT'S NAME	GRADE ENTERING	BIRTHDATE
_____	_____	_____
BAPTISMAL DATE	SCHOOL PRESENTLY ATTENDING	
_____	_____	

#3 _____

STUDENT'S NAME	GRADE ENTERING	BIRTHDATE
_____	_____	_____
BAPTISMAL DATE	SCHOOL PRESENTLY ATTENDING	
_____	_____	

FOR OFFICE USE ONLY: Testing Fee Paid \$ _____ Registration Fee Paid \$ _____
