OUR LADY OF SORROWS SCHOOL



In Faith and Love we build Christian Community

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NEW STUDENT PRE-REGISTRATION REQUEST FORM 2025-2026 SCHOOL YEAR

(Please print clearly)

CHILD'S SURNAME:	FATHER'S NAME:		MOTHER'S NAME:		
CHILD'S NAME:	BIRTHDATE (MM/DD)/YYYY):	GRADE:		
	BIRTHDATE (MM/DD/YYYY):		GRADE:		
	BIRTHDATE (MM/DD/YYYY):		GRADE:		
FULL ADDRESS:					
Email Address (Print clearly):					
HOME PHONE:	MOTHER'S CELL:		MOTHER'S WORK #:		
FATHER'S WORK #:	FATHER'S CELL:		CHILD	BAPTIZED:	□ Yes
RELIGION: Catholic Other	PARISH:		ENVELOPE #:		
TEACHER ASSISTANT REQUIRED: □ No □ Yes (If yes, please explain)					
PREVIOUS SCHOOL/PRESCHOOL:					
REASON FOR CHOOSING OUR LADY OF SORROWS SCHOOL:					
DATE:		SIGNATURE:			