



# Mishawaka Catholic School Returning Student/Family Registration

Please list all K-8th grade students who will be attending MCS for the 2018/2019 academic year.

Student Full Name	Date of Birth	Grade Entering 2018/2019	Sex

Please include a \$\_\_\_\_\_ 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: \_\_\_\_\_