



St. Timothy Catholic School 2024-2025 Registration Form

Grade Entering for 2024-2025: _____ Registered/Active Parishioner: _____ Family ID#: _____ or Out of Parish: _____

Student Information

Student Name: _____
Last First Middle

Name your child goes by _____ Gender: _____

Race: _____ Religion: _____ Date of Birth: _____ Age: _____

Place of Birth: _____
City State Zip

Baptism Date: _____
Church City State Zip

Student lives with (please circle): Both Parents Mother Father Guardian Other

Step-parent name: _____ Custodial Parent Name: _____

Family Information - Mother

Mother's Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip

Primary Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Occupation: _____ Date of Birth: _____ Religion: _____

Marital Status (please circle): Married Single Divorced Separated Remarried

Family Information - Father

Father's Name: _____
Last First Middle

Address: _____
Street City State Zip

Primary Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Occupation: _____ Date of Birth: _____ Religion: _____

Marital Status (please circle): Married Single Divorced Separated Remarried