# Archdiocese of Miami ● 2022-2023 REGISTRATION FORM

**St Ambrose Catholic School**  *Please complete all fields below.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STUDENT INFORMATION | | | | | | | | | | | | | |
| Student Name: | | | | | | | | | ID: | | | | |
| Year of Graduation: | | | | |
| Address: | | | | | | City, State Zip: | | | | | | | |
| Student Home Phone: | | Gender: | | | | | | | | Student Birthdate: | | | |
| Place of Birth: | | | | | | Student SS#: | | | | | | | |
| Previous school attended: | | | | | | | | | | | | | |
| Religion: | | | | | | | | Ethnicity: | | | | 🞏 American Indian / Native Alaska  🞏 Asian  🞏 Black  🞏 Native Hawaiian / Pacific Islander  🞏 White  🞏 Multi-Racial  🞏 Haitian | |
| Present Parish: | | | | | | | |
| Year of Baptism: | | | | | | | |
| Year of Confirmation: | | | | | | | |
| Student Cell: | | | | | | | | Select One: | | | | 🞏 Hispanic 🞏 Non-Hispanic | |
| Student Email: | | | | | | | | | | | | | |
| parent/Guardian INFORMATION | | | | | | | | | | | | | |
| **Student Lives with:** 🞏 Both Parents 🞏 Mother 🞏 Father 🞏 Guardian: | | | | | | | | | | | | | |
| **Mother’s/Guardian Name:** 🞏 Mrs. 🞏 Ms. | | |  | | **Father’s/Guardian Name:** | | | | | | | | |
| Mother’s Address:  City, State Zip: | | | Father’s Address:  City, State Zip | | | | | | | | |
| Home Phone Number: | | | Home Phone Number: | | | | | | | | |
| Cell Number: | | | Cell Number: | | | | | | | | |
| Work Number: | | | Work Number: | | | | | | | | |
| Email: | | | Email: | | | | | | | | |
| Employer: | | | Employer: | | | | | | | | |
| Position: | | | Position: | | | | | | | | |
| **Living:** 🞏 Yes 🞏 No | **Catholic:** 🞏 Yes 🞏 No | | **Living:** 🞏 Yes 🞏 No | | | | | | | | **Catholic:** 🞏 Yes 🞏 No |
| **School Alumni:** 🞏 Yes 🞏 No | **If yes, Grad Year:** | | **School Alumni:** 🞏 Yes 🞏 No | | | | | | | | **If yes, Grad Year:** |
| OTHER INFORMATION | | | | | | | | | | | | | |
| Emergency Contact: | | | | | | | Relationship: | | | | | | |
| Phone Number: | | | | Cell Number: | | | | | | | | | |
| Physician’s Name: | | | | Physician’s Phone Number: | | | | | | | | | |
| Medical conditions/Medications: | | | | | | | | | | | | | |
| **Family member(s) currently attending this school (list grade level/relationship):** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Other Family member(s) who have graduated from this school (list name, relationship & grad year):** | | | | | | | | | | | | | |
| Name: | | Name: | | | | | | | | Name: | | | |
| Relationship: | | Relationship: | | | | | | | | Relationship: | | | |
| Grad Year: | | Grad Year: | | | | | | | | Grad Year: | | | |
| **Names of person(s) with permission to pick-up student during school hours:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school. I certify, to the best of my knowledge, that the information provided is true and accurate. | | | | | | | | | | | | | |
| **Parent/Guardian signature:** | | | | | | | | | | | **Date:** | | |

# Note: The Archdiocese of Miami is authorized under federal law to enroll nonimmigrant alien students and issue i-20 certificates in order for students to obtain F-1 status. If you need assistance, please let the school know at registration.