



ARCHDIOCESE OF MIAMI • 2025-2026 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: <input type="checkbox"/> American Indian / Native Alaska <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Haitian	
Present Parish:			
Year of Baptism:			
Year of Confirmation:			
Student Cell:		Select One: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Student Email:			

PARENT/GUARDIAN INFORMATION

Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian:			
Mother's/Guardian Name: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Father's/Guardian Name:	
Mother's Address:		Father's Address:	
City, State Zip:		City, State Zip:	
Home Phone Number:		Home Phone Number:	
Cell Number:		Cell Number:	
Work Number:		Work Number:	
Email:		Email:	
Employer:		Employer:	
Position:		Position:	
Living: <input type="checkbox"/> Yes <input type="checkbox"/> No		Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Grad Year:	
		School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> 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:
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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.