EXISTING FAMILY - NEW STUDENT REGISTRATION Guardian Angels Central Catholic Schools West Point, Nebraska

Family Name:				Date:		
lome Address:	Phone#:					
STUDENT TO BE ENROLLEI	<u>D:</u>					
. Name of Child						
	First		Middle		Last	
Place of Birth:		Date of Birth:		Sex:	Race:	
Grade will be in the Fall:	School	last attended:				
SACRAMENTS RECEIVED):					
Baptism*: Date receive		Parish:				
Penance: Date receive						
Holy Eucharist: Date re						
Confirmation: Date re	ceived:	Parish:				
*A copy of Baptismal Certification *A copy of Bapti	ate is needed if <u>n</u> e	<u>ot</u> baptized at St	. Mary's, St.	Aloysius, St. Bor	iface, or St. Anthony's.	
2. Name of Child						
	First		Middle		Last	
Place of Birth:		Date of Birth:		Sex:	Race:	
Grade will be in the Fall:	School	last attended:				
SACRAMENTS RECEIVED	٦٠					
Baptism*: Date receive		Parish:				
Penance: Date receive	od					
Holy Eucharist: Date re						
Confirmation: Date re						
*A copy of Baptismal Certification				Aloysius, St. Bor	iface, or St. Anthony's.	
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OTHER CHILDREN IN FAMIL	<u>.Y</u>					
Name	Birthdate		N	ame	Birthdate	
New Student Registrations r	need to be acco	ompanied by t	he followi	ng in order to l	oe registered:	
Official State Cop	y of Birth Certif	ficate for each	child			
Immunization Re	•					
Physical Exam &	Eye Exam for I	Kindergarten a	nd older stu	ıdents		
					Aloysius, St. Boniface only	

Kindergarten students who are planning to attend GACC must be five years of age by July 31.

Pre-Kindergarten students who are planning to attend GACC must be 4 by July 31.

Preschool students planning to attend GACC must be 3 by July 31.