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

Family Name:		Dа	ite:	
Home Address:		Ph	one#:	
Parish/Church Affiliation:				
I. FAMILY DATA:	<u>Father</u>		<u>M</u>	<u>other</u>
Names of Parents/Guardian:				
Address (if different than above)			(Maiden Na	
Cell Phone Number:				
Email Address:			·	
Date of Birth:				
Place of Birth:				
Race:				
Religion:				
Occupation:				
Place of Employment:				
Education:				
With whom does child(ren)reside?				
Who is responsible for tuition paym	ent?			
In the case of non-custodial parent,	is that person able to ha	ive contact with o	:hild(ren):	
Name of non-custodial parent:				
II. <u>STUDENTS TO BE ENROLLED</u>	_			
1. Name of Child	First	Middle		_ast
Place of Birth:	Date of Birth:		Sex:	_ Race:
Grade will be in the Fall:	_ School last attended:			
SACRAMENTS RECEIVED: Baptism*: Date received: Penance: Date received: Holy Eucharist: Date receive Confirmation: Date receive	Parish: ed: Parish:			

^{*}A copy of Baptismal Certificate is needed if <u>not</u> baptized at St. Mary's, St. Aloysius, St. Boniface, or St. Anthony's.

Last Race:
nce, or St. Anthony's.
Last
Race:
ice, or St. Anthony's.
Last
Race:
nce, or St. Anthony's.
Birthdate
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Kindergarten students planning to attend GACC must be five years of age by July 31.

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

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