



ST. TIMOTHY'S SCHOOL

STUDENT/FAMILY REGISTRATION

2024-2025

Family Name _____

Mother's Name / Guardian

Father's Name / Guardian

Address

Address (if different)

City, State, Zip

City, State, Zip (if different)

Home Phone Work Phone

Home Phone Work Phone

Cell Phone

Cell Phone

Email

Email

Children's Primary Residence:

Both Parents Mother Father Other (describe) _____

Party Responsible for Children's Tuition:

Both Parents Mother Father Other (describe) _____

Previous School Attended: _____
(Name / City, State, Zip)

School District you reside in: _____

Our family is registered at: _____
(Parish / Church Name and Location)

Are you Catholic? Yes _____ No _____

Date Received _____



ST. TIMOTHY'S SCHOOL

Student(s) Attending St. Timothy's School for the 2023-2024 School Year Kindergarten - Grade 8

Student's Full Name

Date of Birth

Grade level for '23-24

(First, Middle, Last)

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Please list the names and ages of children not attending St. Timothy's School:

Child's Name	Age/Grade	Current School (if school age)

Parent / Guardian Signature

Date