

FOR OFFICE USE ONLY  
REG FEE \_\_\_\_\_  
DATE \_\_\_\_\_

CATHOLIC SCHOOLS OF PITTSFIELD  
DIOCESE OF SPRINGFIELD  
APPLICATION FOR REGISTRATION

St. Joseph High       St. Mark

*Please print & press down hard*

STUDENT: \_\_\_\_\_  Male  Female  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ GRADE REGISTERING FOR: \_\_\_\_\_

RELIGION: \_\_\_\_\_ RACE: \_\_\_\_\_

CURRENT PARISH: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**BAPTISM**  
CHURCH \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**HOLY COMMUNION**  
CHURCH \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**CONFIRMATION**  
CHURCH \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**FATHER**

**MOTHER**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

RESIDENCE: (IF DIFFERENT FROM STUDENTS) \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
RESIDENCE: (IF DIFFERENT FROM STUDENTS) \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

RELIGION: \_\_\_\_\_ RELIGION: \_\_\_\_\_

PARISH: \_\_\_\_\_ PARISH: \_\_\_\_\_

EMERGENCY CONTACT (In the event that parent / guardian cannot be reached)  
NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\*IF STUDENT RESIDES WITH SOMEONE OTHER THAN PARENT/S, PLEASE COMPLETE THE FOLLOWING:

NAME: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

IN SUBMITTING THIS FORM I AGREE TO PAY THE TUITION OF THE STUDENT NAMED ABOVE ACCORDING TO THE PLAN I HAVE CHOSEN FOR THE SCHOOL YEAR.  
SIGNATURE OF FINANCIALLY RESPONSIBLE INDIVIDUAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_