

6311 Baseline Rd  
Little Rock, AR  
72209



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Email: schooloffice@stslr.org

Payment \_\_\_\_\_  
office

ST. THERESA  
CATHOLIC SCHOOL

Student ID # \_\_\_\_\_

**\$150 Registration fee, birth certificate, immunization record, and baptism certificate should accompany this form.**

**Student Information:**

Student Name \_\_\_\_\_  
Last First Middle Ethnicity

DOB \_\_\_/\_\_\_/\_\_\_ M\_F SS# \_\_\_/\_\_\_/\_\_\_ Religion \_\_\_\_\_  
Grade Level Requested \_\_\_\_\_ School Last Attended \_\_\_\_\_  
Address of School Last Attended \_\_\_\_\_  
Baptism Date \_\_\_/\_\_\_/\_\_\_ Place \_\_\_\_\_  
Reconciliation \_\_\_/\_\_\_/\_\_\_ Place \_\_\_\_\_  
1st Communion \_\_\_/\_\_\_/\_\_\_ Place \_\_\_\_\_

**Family Information:**

Mailing Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parish \_\_\_\_\_ How long \_\_\_\_\_

**Parent/Guardian:**

Relationship \_\_\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_ Sex \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Business \_\_\_\_\_ Business \_\_\_\_\_  
Bus. Phone \_\_\_\_\_ Cell \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Religion \_\_\_\_\_ Religion \_\_\_\_\_  
Marriage Status \_\_\_\_\_ Marriage Status \_\_\_\_\_

**Non-Custodial Parent:**

Relationship \_\_\_\_\_ Sex \_\_\_\_\_ Marriage Status \_\_\_\_\_ Religion \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Email \_\_\_\_\_

**Persons other than parent/guardian to contact :**

<b>1st Contact</b>	<b>2nd Contact:</b>
Name _____	Name _____
Home _____ Bus/Cell _____	Home _____ Bus/Cell _____
Relationship _____	Relationship _____
Family Doctor _____	Phone Number _____
Insurance Name _____	Policy Number _____

**St. Theresa Catholic School**