

6311 Baseline Rd
Little Rock, AR 72209



Phone: 501-565-3855
Fax: 501-565-9522
Email: schooloffice@stslr.org

Pago: _____
Oficina

Estudiante ID: _____

ST. THERESA
CATHOLIC SCHOOL

Office Payment: _____ Student ID # _____

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

Student Information:

Student Name _____ **Ethnicity:** _____

Last First Middle

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 _____ M ___ F ___ Relationship _____ M ___ F ___

Name _____ Name _____

Business _____ Business _____

Bus. Phone _____ Cell _____ Bus. Phone _____ Cell _____

Email _____ Email _____