



... a step ahead in scholarship, service, community and message.

785 FRANKLIN LAKE ROAD
FRANKLIN LAKES, NEW JERSEY 07417
(P) 201.891.4250
(F) 201.847.9227
www.mbs4u.ws

REGISTRATION APPLICATION for 2011-2012
Transitions/Kindergarten

STUDENT INFORMATION

Entering Grade: _____

Date: _____

(Please print)

Name: _____

(last)

(first)

Address: _____

Phone: _____

Date of Birth: _____ Place of Birth: _____ Sex: Male__Female__

Previous School Name: _____
(if any) Address: _____

\$300 Registration Fee
*Registration fees are NON-REFUNDABLE
Birth Certificate _____
Baptismal Certificate _____
Ck# _____

CENSUS INFORMATION

Child (ren)'s Ethnic Heritage: Asian__ Black__ Hispanic__ Multi-Racial__ White__
Native Alaskan/American Indian__ Native Hawaiian/Pacific Islander__
Child (ren)'s Religion: _____

SCHEDULE

Monday thru Friday full days 8:50 am to 3:15 pm

FAMILY INFORMATION (Please print)

Marital Status: ___ Married ___ Divorced ___ Single ___ Widowed

Father: Name: _____ (first) _____ (last) if different from student

Address: (if different from above) _____

Occupation: _____ Religion: _____

Mother: Name: _____ (first) _____ (Maiden) _____ (last) if different from student

Address: (if different from above) _____

Occupation: _____ Religion: _____

PARISH AFFILIATION: Are you a registered member of Most Blessed Sacrament Parish? Yes__ No__
If not, please provide the Name and Address of your Parish/Church _____

* If child was Baptized at Most Blessed Sacrament, a Baptismal Certificate is not needed,
However, please provide the DATE of the child's Baptism _____

BEFORE ENTERANCE into school a completed Health Form must be submitted to the Nurse by 9/1/11