

Queen of Peace Catholic School
Registration Form
102 Fourth Street
Cloquet, MN 55720

Date _____

Entering Grade _____

Child's Name _____
Last First Middle

Present Address _____ Phone _____
City State Zip Code

Age _____ Birthdate _____ Sex _____ Birthplace _____
(By Sept. 1) Month Date Year City State

Race/Ethnicity: African-American, African _____, Hispanic/Latino _____, Asian/Pacific Isl. _____, Native Hawaiian/
Pacific Islander _____, Native American/Alaskan _____, Caucasian _____, Multiracial _____.

Religion _____ Parish _____

Child's Baptism _____
Date Church City State

(Please remit a copy of the Birth Certificate and Baptismal Certificate – kindergarten and new students)

Mother's Name _____ Religion & Parish _____
(Maiden)

Address _____ Phone _____

Father's Name _____ Religion & Parish _____

Address _____ Phone _____

Mother's E-Mail _____ Father's E-Mail _____

Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Father's Occupation _____ Employer _____ Phone _____

Mother's Occupation _____ Employer _____ Phone _____

Legal Guardian _____ Occupation _____ Phone _____
(If any)

Siblings: Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

OVER

Emergency persons authorized to take child when parents cannot be reached:

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Family Doctor _____

Name	Address	Phone
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Dentist _____

Name	Address	Phone
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Hospital _____

Address	Phone
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Last School Attended _____

Address	Phone
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Has your child ever received special education services? Please explain: _____

How did you learn about our school? _____

Why do you want your child to attend Queen of Peace School? _____

Parent's (Guardian's) Signature _____ Date _____

Please be sure to include all information. We need it to be in compliance with State and MNSAA Accreditation requirements.