

**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

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

Race/Ethnicity _____

Religion _____ Parish _____

Child's Baptism _____
Date Church City State

(All new students - please remit a copy of the Birth Certificate and Baptismal Certificate)

Father's Name _____ Religion & Parish _____

Address (if different) _____ Phone _____

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

Address (if different) _____ Phone _____

Father's email _____ Mother's email _____

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 (if any) _____ Occupation _____ Phone _____
(If any)

Siblings: Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

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 this school? _____

Why do you want your child to attend QPCS? _____

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

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