



## Saint Louis School

77 Boisvert Street

Lowell MA 01850

978 458 7594

[www.saintlouisschool.org](http://www.saintlouisschool.org)

Registration Fee: \$100.00 Into Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle (in full)

Address \_\_\_\_\_  
Street Name and Number

City State Zip Code

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Attach certificate) (City and State)

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_  
(Baptism Certificate Needed)

E-MAIL \_\_\_\_\_

Transferred from which School \_\_\_\_\_  
School Name City State

Father's Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Residence \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Residence \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

\* (If applicable) Guardian's Name \_\_\_\_\_  
Residence \_\_\_\_\_

*Committed to the total growth of the child: Spiritual, Intellectual, Social, Psychological and Physical*

Emergency Contact \_\_\_\_\_ over  
\_\_\_\_\_

Emergency Telephone \_\_\_\_\_

Parish you belong to \_\_\_\_\_

List any other children who are presently at SLS

Name	Grade in September
_____	_____
_____	_____
_____	_____

In the event of an accident, does the School Principal have permission to send your child to the hospital, if parent cannot be contacted? \_\_\_\_\_ YES \_\_\_\_\_ NO

Which hospital? \_\_\_\_\_

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For Office Use Only :

Registration Fee Paid \_\_\_\_\_ YES \_\_\_\_\_ NO

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