

**St. Louis de Montfort Catholic School
Registration Information**

Date: _____

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Child's Name _____

Current School & Grade _____

Birthday _____

Interested Grade _____

Child's Name _____

Current School & Grade _____

Birthday _____

Interested Grade _____

Child's Name _____

Current School & Grade _____

Birthday _____

Interested Grade _____

Parishioner Yes _____ No _____

Why are you seeking a Catholic education? _____

Mailings/Notes

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