



PLEASE NOTE THE MESSAGE ON THIS FORM (OVER).

St. Jerome School
5207 42ND Place, Hyattsville, MD 20781
301-277-4568
Registration Form
(Please Print)

Non-Refundable Application Fee (Due with Application):

New: [ ] Yes [ ] No

Fee \$ \_\_\_\_\_

Date: \_\_\_\_\_

Registering for Grade: \_\_\_\_\_

Child's Last Name Child's First Child's Middle Sex: (Male/Female)

Address City State Zip Code Home Telephone

Date of Birth Place of Birth (City, State) Religion Social Security #

Student's Previous Schooling (For Transcripts, etc.)

Kindergarten/Nursery School Name Address Zip Code

Elementary School Name Address Zip Code

Person to Contact in Case of Emergency (Other than Parent) Phone

Reception of Sacraments

Table with 4 columns: Sacrament, Date, Name of Church, Location (City, State). Rows include Baptism, Penance, Holy Eucharist, Confirmation.

If Student is transferring from another school, please complete the following:

Entered From (Name of School): \_\_\_\_\_

Address Zip code

Student's Ethnic Origin, Check One: \_\_\_\_\_

- [ ] Black (not Hispanic) [ ] Hispanic (regardless of race) [ ] Native American
[ ] White/Caucasian [ ] Asian [ ] Other

Language(s) spoken, written, read in home

Language(s) spoken, written, read in home

Student Resides with: (Mother/Father/Both/other, please specify)

Father's Last Name \_\_\_\_\_ Father's First \_\_\_\_\_ Level of Education \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Religion \_\_\_\_\_  
Occupation \_\_\_\_\_ Workplace \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_ Social Security # \_\_\_\_\_  
Cell # \_\_\_\_\_ email address \_\_\_\_\_

Marital Status (Single/Married/Remarried/Separated/Divorced/Widowed)

\_\_\_\_\_ If yes, Envelope Number \_\_\_\_\_  
Parishioner (Yes/No)

If Catholic but non-Parishioner, Name of Parish: \_\_\_\_\_ Envelope # \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ Mother's First \_\_\_\_\_ Level of Education \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Workplace \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Fax \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell # \_\_\_\_\_ email address \_\_\_\_\_

Marital Status (Single/Married/Remarried/Separated/Divorced/Widowed)

\_\_\_\_\_ If yes, Envelope Number \_\_\_\_\_  
Parishioner (Yes/No)

If Catholic but non-Parishioner, Name of Parish: \_\_\_\_\_ Envelope # \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

(New Students) Name and Grade of brothers and sisters entering for the 2008/2009 school year.

1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

I have read and understood these registration policies and requirements.  
I agree to meet all my school financial obligations and also agree  
to fully participate in the required fundraisers or pay  
an additional \$400.00 in lieu of participation.  
(See page 37 in Parent Handbook)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent/Guardian Signature