



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

	Date	Name of Church	Location (City, State)
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) _____

