

OUR LADY OF VICTORY SCHOOL PRE-REGISTRATION FORM 2018-19
Fergus Falls, MN 56537

Student Information

FULL LEGAL NAME _____
(LAST) (FIRST) (MIDDLE) GENDER DOB GRADE

STUDENT NICKNAME _____ ADDRESS _____

Parent/Guardian Information

*It is standard procedure to send non-custodial parents copies of all mailings pertinent to your child's educational progress. If there is a legal reason for not sending this information, please bring copies of the legal documentation to the school office.

Parent/Guardian 1 - student lives with this person(s)

Physical Custody: YES NO

Relationship to student: _____

Name(s): _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Religion: _____

Registered Member of OLV Church: YES/NO

Parent/Guardian 2

Physical Custody: YES NO

Relationship to student: _____

Name(s): _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Religion: _____

Registered Member of OLV Church: YES/NO

Additional Information

Ethnicity (check all that apply): ___ American Indian ___ Alaska Native ___ African-American ___ Hispanic
___ Latino ___ Native Hawaiian-Pacific Islander ___ White/Caucasian

Allergies/medical conditions: _____

Parent/Guardian Signature: _____

Date: _____

Office Use Only

Deposit: Ck# _____ Cash _____

Date: _____