



CARDINAL HICKEY ACADEMY

1601 W. Mt Harmony Rd ~ Owings, MD 20736
 410-286-0404 ~ 301-812-0404 ~ Fax: 410-286-6334

Grade: _____
 Sibling: _____
 Parish : _____
 Preschool: _____

Registration Form School Year 2009-2010 STUDENT INFORMATION

 Last Name First Name Middle Initial Grade applying to:

 Street Address City State Zip Code

 Date of Birth Place of Birth (City, State) Home Telephone Religion

Sex: Male Female

Race: American Indian Asian Black Hispanic/Latino Hawaiian/Pacific Islander White Multiracial

Child lives with: Both Parents Mother Father Guardian Other: _____

Name and address of last school attended: _____

Name of Public School student would attend: _____

Sacraments	Date	Church Name and Address
Baptism		
Reconciliation		
First Eucharist		

FAMILY INFORMATION

FATHER

 Last Name First Name Middle Name Religion

 Birthplace (City, State, Country) Self-Employed

 Street Address City State Zip Code

 Occupation/Position Company Name Work Telephone

 Home Telephone Cell Telephone

MOTHER

 Last Name First Name Middle Name Religion

 Birthplace (City, State, Country) Self-Employed

 Street Address City State Zip Code

 Occupation/Position Company Name Work Telephone

 Home Telephone Cell Telephone

Continued on reverse

FAMILY INFORMATION (cont'd)
BROTHERS/SISTERS (Oldest to Youngest)

Name	Birthdate	Religion	Remarks (Important Data)	Academy or Preschool Student

Language(s) spoken/written/read in the home (other than English): _____

Parent's E-mail Addresses: _____

GRANDPARENTS
 (Used for Grandparents Day invitations and in-house use.)

Grandparents' Names: _____
 Full Address: _____

Grandparents' Names: _____
 Full Address: _____

PARISH INFORMATION

Name of Parish: _____ Non-Catholic: _____

Parish/Church Involvement: _____

Please Note: This information will be used for internal purposes and for the publication of a family directory. The directory lists parent and student names, grade, home address and telephone numbers. If you do not want this information published, please initial the box to the right. The student will then have only his/her name and grade listed.



Do Not
Publish

I/We accept the provisions described in the Cardinal Hickey Academy Admissions Policy and agree to the conditions stated.

 Father's Signature

 Mother's Signature

For Office Use Only		
Registration Date: _____	Registration Fee: _____	Check Number: _____
Parish Registration Confirmation:	Birth Certificate:	Baptismal Certificate:
Previous School Records:	Health Inventory:	Immunization Record: