



Bishop Shanahan High School

9th REGISTRATION FORM

Current Grade

PLEASE PRINT ALL INFORMATION

Date _____ Student Number _____
ASSIGNED BY BISHOP SHANAHAN

STUDENT INFORMATION: Female Male Asian
 Native American
 Black
 Hispanic
 White

Name _____
LAST FIRST & MIDDLE

Address _____
STREET CITY STATE ZIP

Home Phone _____ SSN _____ D.O.B. _____ Country of Birth _____

School District _____ Parish _____ Catholic
WHERE STUDENT RESIDES WHERE STUDENT IS REGISTERED Non-Catholic

Name of School _____
FROM WHICH STUDENT IS ADMITTED

PARENT-GUARDIAN/FAMILY INFORMATION:

Father _____ Asian Native American Black Living
FULL NAME White Hispanic Deceased

Address _____
STREET CITY STATE ZIP

Home Phone _____ Email _____ Religion _____

Cell Phone _____

Mother _____ Asian Native American Black Living
FULL NAME White Hispanic Deceased

Address _____
STREET (IF DIFFERENT THAN FATHER) CITY STATE ZIP

Home Phone _____ Email _____ Religion _____

Cell Phone _____

Marital Status Married Separated Divorced Remarried

Parent Cell phone number (or best number to call) _____
for emergency communications via School Reach (School Reach is the school emergency telephone broadcast system)

Father's Occupation _____ Mother's Occupation _____

Employer _____ Employer _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Parent(s) or grandparent (s) who attended Bishop Shanahan _____ Year of Graduation (or last attended) _____

