



LEXINGTON CATHOLIC



HIGH SCHOOL

OFFICIAL REGISTRATION FORM

Fee Paid _____
Date _____
Ck# _____
<i>Office Use Only</i>

Student Information

Last _____

Date ____/____/____

First _____

Entering Grade 9 10 11 12

Middle _____

Entering School Year 20 _____ - 20 _____

Suffix (e.g. Jr., III) _____ Goes By _____

Present School _____

Social Security # _____ (For KEES award reporting)

Student Email _____

Sex: M _____ F _____ Birthday _____

Student Cell Phone _____

Address _____

Citizen of _____ Birth Place _____

City _____ State _____ Zip _____

Religion _____

Home Phone _____

Parish (if Catholic) _____

Student Race:

White American _____ African American _____ American Indian _____ Asian American _____ Hispanic American _____ Other _____

Student Lives With:

Both Parents _____ Mother Only _____ Father Only _____ Father/Step-Mother _____ Mother/Step-Father _____ Other _____

Siblings

Name _____

Name _____

School _____ Grade _____

School _____ Grade _____

Birth Date _____

Birth Date _____

Name _____

Name _____

School _____ Grade _____

School _____ Grade _____

Birth Date _____

Birth Date _____

Emergency Contacts (If parents cannot be reached):

Name/Phone _____

Name/Phone _____

Relationship _____

Relationship _____

Family Physician _____

Phone _____

(Official Registration Form continued on Side II)

Parent/Guardian Information

Father

Mother

Step-Mother/Father or Other

Last Name _____

Last Name _____

Last Name _____

First Name _____

First Name _____

First Name _____

Title (Mr. Dr.) _____ Suffix (Jr. III) _____

Title (Mrs., Ms., Dr.) _____

Title (Mr., Mrs., Ms., Dr.) _____

Goes By _____

Goes By _____

Goes By _____

Birthdate ___/___/___ Deceased? Yes ___ No ___

Birthdate ___/___/___ Deceased? Yes ___ No ___

Birthdate ___/___/___ Deceased? Yes ___ No ___

Marital Status _____

Marital Status _____

Marital Status _____

Address _____

Address _____

Address _____

City _____ State ___ Zip _____

City _____ State ___ Zip _____

City _____ State ___ Zip _____

Cell Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Email _____

Receive Mailings? Yes ___ No ___

Receive Mailings? Yes ___ No ___

Receive Mailings? Yes ___ No ___

Receive Billings? Yes ___ No ___

Receive Billings? Yes ___ No ___

Receive Billings? Yes ___ No ___

Employer _____

Employer _____

Employer _____

Work Address _____

Work Address _____

Work Address _____

City _____ State ___ Zip _____

City _____ State ___ Zip _____

City _____ State ___ Zip _____

Phone _____

Phone _____

Phone _____

Fax _____

Fax _____

Fax _____

Job Title _____

Job Title _____

Job Title _____

Profession _____

Profession _____

Profession _____

Religion _____

Religion _____

Religion _____

Parish (If Catholic) _____

Parish (If Catholic) _____

Parish (If Catholic) _____

LCHS Grad? Yes ___ No ___ Class of _____

LCHS Grad? Yes ___ No ___ Class of _____

LCHS Grad? Yes ___ No ___ Class of _____

Relatives who attend(ed) LCHS: _____

Relatives who attend(ed) LCHS: _____

Relatives who attend(ed) LCHS: _____

Please submit this form with registration fee to:

Mindy Towles

Director of Admissions

Lexington Catholic High School

Lexington KY 40503

(859) 277-7183 ext. 231

mtowles@lexingtoncatholic.com