2023-2024 FAMILY REGISTRATION FORM
St. Isidore Catholic School
Please fill in EACH area and return to the office by April 14th.

Payment Registration MUST be made through FACTS at https://online.factsmgt.com/signin/4PRFX

FAMILY NAME_____

Student Resides with ___Both ___Mom ___Dad ___Joint Custody ___Other_____
(Explain)

Home Phone_____ **Public School District**_____
(If other than District 1-CPS)

Denomination_____**Parish**_____**Ethnicity**_____

Parental Status: Married _____   **Divorced**_____   **Separated**_____

Mother/Guardian _____

Address _____

Cell Phone_____

Workplace_____ **Work Phone**_____

Father/Guardian _____

Address (If different than above) _____

Cell Phone _____

Workplace _____ **Work Phone**_____

Family Email_____

Emergency Contact #1(other than parent)_____ **Phone** _____

Emergency Contact #2 (other than parent)_____ **Phone** _____

Parent Signature_____

(Please Flip over to fill in the back information as well

*Student Name_____ **Grade 2023-2024**_____

Date of Birth_____ **Gender**_____

Special Health Concerns_____

*Student Name_____ **Grade 2023-2024**_____

Date of Birth_____ **Gender**_____

Special Health Concerns_____

*Student Name_____ **Grade 2023-2024**_____

Date of Birth_____ **Gender**_____

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*Student Name_____ **Grade 2023-2024**_____

Date of Birth_____ **Gender**_____

Special Health Concerns_____