

SAINT FRANCIS OF ASSISI SCHOOL
 21 County Road 356
 Lumberton, NM 87528
 Phone: 575-759-3252 FAX: 575-759-3844

Contract: School Year: August, 2020 - May, 2021

The mission of St. Francis of Assisi School is to teach and live the Gospel message of Jesus Christ through family involvement in worship, evangelization, education and service.

Student's Name: Last: _____ First: _____ Middle: _____
 City: _____ State: _____
 Place of Birth: _____
 Street Name & # _____ City: _____ State: _____
 Physical Address: _____
 PO Box _____ City: _____ State: _____
 Mailing Address: _____

Gender: () Male () Female D.O.B. _____ Home Phone () _____ - _____
 Student lives with: Both Parents () Father () Mother () Guardian ()
 Proof of Birth: Birth Certificate ()
 Catholic: Yes () No () Baptismal Certificate ()
 Race/Ethnicity: American Indian or Alaska Native () Asian () Black/African American () Two or more races ()
 Hispanic/Latino of any race () Native Hawaiian or other Pacific Islander () Non-Hispanic () White ()
 Tribal Affiliation _____ Census Number _____

St. Francis Alumni – Circle all who apply: mother father grandmother grandfather sibling other
 Year(s) of graduation: _____

By enrolling our child in St. Francis of Assisi School, we agree to accept, abide by, and actively support the school's policies, procedures, and guidelines – many of which are included in the Parent/Student Handbook. We recognize the right and responsibility of the school to establish policies, procedures, and guidelines to ensure the safety and growth of the students. We also understand and accept that the school reserves the right of the school's administration to waive and/or deviate from any and all policies, procedures, and guidelines for just cause at their discretion. INITIAL _____

Name of Father/Stepfather/Guardian: _____ Occupation: _____
 Address: _____ Work Phone: _____
 E-Mail: _____ Cell Phone: _____
 Ethnicity: American Indian or Alaska Native () Asian () Black or African American () Hispanic/Latino of any race ()
 Native Hawaiian or other Pacific Islander () Non-Hispanic () Two or more races () White ()
 Church Affiliation: Catholic () Other () _____ None () Social Security # _____

Name of Mother/Stepmother/Guardian: _____ Occupation: _____
 Address: _____ Work Phone: _____
 E-Mail: _____ Cell Phone: _____
 Ethnicity: American Indian or Alaska Native () Asian () Black or African American () Hispanic/Latino of any race ()
 Native Hawaiian or other Pacific Islander () Non-Hispanic () Two or more races () White ()
 Church Affiliation: Catholic () Other () _____ None () Social Security # _____

In case of emergency, notify:
 Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____