



BISHOP FENWICK HIGH SCHOOL
STUDENT REGISTRATION INFORMATION

To be completed by Parent/Guardian. Return before or by **March 23, 2018.**

Name of Student _____

Legal (Family) *First* *Middle* *Year of Graduation*

Residence Address _____

Street *City* *State* *Zip*

PARENT/GUARDIAN INFORMATION

FATHER

Name _____ Living Deceased

Legal (Family) *First* *Middle*

Residence Address Same as student

Street *City* *State* *Zip*

Preferred email address for correspondence _____

MOTHER

Name _____ Living Deceased

Legal (Family) *First* *Maiden*

Residence Address Same as student

Street *City* *State* *Zip*

Preferred email address for correspondence _____

Student's Parish _____ **Parish City** _____

Present School _____ **School City** _____

Please indicate additional information as applicable:

Hearing Problems _____ Sight Problems _____

Core Evaluation _____ Learning Disabilities _____

Other _____

*Bishop Fenwick High School is a college preparatory high school. All students are mainstreamed.
We do not provide individualized educational plans at Bishop Fenwick High School.*

Parent/Guardian Signature _____ Date _____