



BISHOP FENWICK HIGH SCHOOL
STUDENT REGISTRATION INFORMATION

To be completed by Parent/Guardian. Return before or by **March 22, 2019.**

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

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 _____