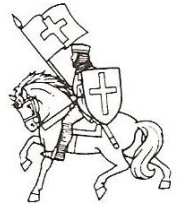


Taunton Catholic Middle School

61 Summer Street
Taunton, Massachusetts 02780



REGISTRATION FORM – 2012 - 2013

PLEASE PRINT

Grade in September 2012:

5

6

7

8

Please check grade

Student: Last Name _____ First _____ Middle _____ Prefers to be called _____

Mail to: Title _____ Name _____ Relationship: Parent(s)/Guardian _____

Mailing Address Street _____ City, State Zip _____ Home Phone _____

Gender _____ Date of Birth _____ Child Lives with _____

Residential Address (if different) _____

(Please circle all that apply)

Mode of Transportation: Walk _____ Van _____ Taunton Bus _____

Coyle Shuttle (if offered, additional fee) _____ Car _____ Nearest Cross Street for buses _____

Parents Together _____ Parents Divorced _____ Father remarried _____ Father deceased _____

Parents Separated _____ Mother remarried _____ Mother deceased _____

Parent not living with Student _____

Title _____ Name _____ Mother/Father _____

Mailing Address Street _____ City, State Zip _____ Home Phone _____

Father / Stepfather (living with student)

Mother / Stepmother (living with student)

Title _____ Full Name _____ Title _____ Name _____ Maiden Name _____

Occupation _____ Job Title/Position _____ Occupation _____ Job Title/Position _____

Employer _____ Employer address _____ Employer _____ Employer address _____

City, State Zip _____ Business Phone _____ City, State Zip _____ Business Phone _____

Cell Phone _____ Pager _____ Cell Phone _____ Pager _____

Email _____ Email _____

For Office Use Only:	Date Received: _____	Diocesan # _____
	Registration Fee: _____	Data Entered: _____

Parish (Diocese of Fall River)		Other Diocesan Parish	
Other Place of Worship	(Non-Catholic Church)	Religion	Race (optional)
Baptism (mm-yy)	First Communion (mm-yy)	Place of Birth	Primary Home Language

Previous School: _____

Previous School Address: Street, City, State Zip _____

Has your child received any Special Needs Services? (IEP, 504)
 If yes, please attach a copy to this application.

Yes	No
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I give permission to the school to take photographs of my child and use them in publications.

Yes	No
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List Any Brothers and Sisters	Age	School Attending

Emergency Contacts: (If parents/guardian cannot be reached)

1. _____	Telephone: _____
2. _____	Telephone: _____
3. _____	Telephone: _____

Alumni Parent? _____

Name	Maiden Name	Year
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Do you have any relatives who attended Taunton Catholic Middle School?

Name	Relationship	Years

School Reach Program (A contact program for informational email and emergency telephone to a primary contact)

Name	Primary Email	Primary Phone
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Tuition will be paid by:

Name	Relationship
Address (if not listed on front)	Social Security No. (requested not required)
City, State, Zip	Phone Number

Mother's Signature	Date
Father's Signature	Date

**TAUNTON CATHOLIC MIDDLE SCHOOL DOES NOT DISCRIMINATE
 ON THE BASIS OF RACE, COLOR, SEX, NATIONAL OR ETHNIC ORIGIN.**