

# Our Lady of Fatima Academy

10360 Atlanta Ave.

Weeki Wachee, FL 34614

## Registration Form 2024-2025

Child's Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of school: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Occupation \_\_\_\_\_ home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellphone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Occupation \_\_\_\_\_ home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellphone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### **Preferred Person and Contact Number for school notifications:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I (can / cannot) receive notifications by text message.

### **Additional Children for Registration**

Child's Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of school: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Date Left: \_\_\_ / \_\_\_ / \_\_\_

Address of school: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_

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