



Bishop Kelley Catholic School

Principal -- Anne Estelle
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Pre-Registration Form

DATE: _____

NAME OF CHILD _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (Zip)

HOME PHONE NUMBER _____ BIRTHDATE _____

SEX _____ M _____ F

GRADE ENTERING IN THE FALL:

3 year-old Preschool: A.M. Session 9:00-11:30 _____
(Tues-Thurs)

4 year-old Preschool: A.M. Session 8:15-11:00 _____ **OR** P.M. Session 12:00-2:45 _____
(Mon-Wed-Fri)

Grades K through 8th (please specify): _____

Attended BKS Preschool: _____ YES _____ NO

Sibling attends BKS: _____ YES – Grade _____ **OR** _____ NO

NAME OF FATHER _____
(Last) (First)

WORK PHONE NUMBER _____

NAME OF MOTHER _____
(Last) (First)

WORK PHONE NUMBER _____

FAMILY IS REGISTERED WITH _____ CHURCH

LOCATION _____