St. Edward on-the-Lake School, 6995 Lakeshore Road, Lakeport, MI 48059 ENROLLMENT DATA FORM

School Year:			Entry Date:				
Non-Catholic	Catholic	Home Parish: _				-	
Student:			Sex N	ИF	Date of Bir	th:	
First	Middle	Last					
Address:	umber & Street		City		State	Zip	
Did your child atten	ad another School	If yes, w	where and ho	w long	<u> </u>		
Special Needs, Alle	rgies, etc						
Place of Birth:							
Legal Guardian or (Custodial Parent:						
Father:		Phone/Hon	Phone/Home			ζ	
Address							
Number & Street			City State			1	
Occup	Occupation		Religious Denomination			Country of Birth	
Email Address Iother:		Maiden Name	Phone/Home			Work	
Address							
Number & Street			City			e Zip	
Occupation	Occupation		Religious Denomination			Country of Birth	
Email Addre	ess						
Marital Status	Married	Separated Dive	orced				
Other School Age O	Children in the Fam	nily:				Date of Birth	