



**OFFICE OF CATHOLIC EDUCATION**  
**MARIST SAINT FRANCIS ELEMENTARY**  
**& MARY THE MOTHER MONTESSORI**  
 P.O. Box 596, Pago Pago, American Samoa  
 Phone: (684) 699-5023/ 644-1784



**Registration Form 2023-2024**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Full Legal Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Ethnicity of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ Religion: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Name or Nickname Teacher should use for child: \_\_\_\_\_

Medical concerns/Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Other information: \_\_\_\_\_

Village: \_\_\_\_\_ Home Phone # \_\_\_\_\_ PO Box Number: \_\_\_\_\_

Parent/Guardian Email contact \_\_\_\_\_ who? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Previous School(s) attended (include years): \_\_\_\_\_

1. Emergency Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 (Not parents)  
 Contact Number(s): \_\_\_\_\_ Village: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 (Not parents)  
 Contact Number(s): \_\_\_\_\_ Village: \_\_\_\_\_

**List of People authorized to pick up your child:**

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