

Our Lady of Fatima Academy

10360 Atlanta Ave.

Weeki Wachee, FL 34614

Registration Form 2025-2026

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: _____

Last School Attended: _____ Date Left: ____ / ____ / ____

Address of school: _____ City: _____ State: ____ Zip: _____

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: _____

Last School Attended: _____ Date Left: ____ / ____ / ____

Address of school: _____ City: _____ State: ____ Zip: _____

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: _____

Last School Attended: _____ Date Left: ____ / ____ / ____

Address of school: _____ City: _____ State: ____ Zip: _____