



REGISTRATION FORM

Registration Fee: \$150.00

DATE OF REGISTRATION _____ GRADE ENTERING _____

STUDENT INFORMATION:

Student's Name _____ Sex: M F (Please Circle)
Last First Middle

Home Address _____ Telephone _____
Street City Zip code

District _____ Date of Birth _____

ETHNICITY: Asian, Black, Hispanic, Native American/Alaskan Native, Pacific Islander, White, Other

PARENT INFORMATION:

Father's Name _____ Religion _____
Last First Middle

Father's Day Phone _____ Father's Employer _____

Father's Home Phone _____ Father's Cell Phone _____

Mother's Name _____ Religion _____
Last First Middle

Mother's Day Phone _____ Mother's Employer _____

Mother's Home Phone _____ Mother's Cell Phone _____

Guardian Email _____

Mailing Address (if different from above) _____
Street City Zip code

STUDENT SACRAMENTS RECEIVED:

Baptism: Church _____ Date _____

Penance: Church _____ Date _____

Communion: Church _____ Date _____

LAST SCHOOL ATTENDED:

Name of School _____ Phone _____

Address of School _____
Street City State Zip code

Reason for Transfer _____

(Please complete reverse side)

Please complete the Following:

1. In what parish are you a registered member? _____
2. If your child is a non-Catholic, please state the child's religion _____
3. In what town are you a resident? _____
4. In what public school district are you located? (The public school your child would attend)

5. Has a child Study Team evaluation been recommended for your child? Yes _____ No _____
6. Does your child have a current Service Plan/IEP in place? Yes _____ No _____ **(If yes, a copy of the Service Plan, Educational, Psychological evaluation and Social History must be submitted with your application for review.)**

If there are special conditions which should be considered in reviewing the student's application, parents are encourage to make those considerations known to us either in writing or through an interview. Failure to make known conditions that could affect the student's full participation in the total education program of the school will be grounds for the school to withdraw any offer of admission.

7. My child resides in a single parent household. Yes _____ No _____
Academic reports and school notices should be sent to residence of Non-Custodial Parent.
Name: _____
Address: _____

9. Does your child have medical insurance? Yes _____ No _____

Please Note Priority of Acceptance:

- 1. SIBLINGS 2. PARISHIONERS 3. CATHOLIC NON-PARISHIONERS 4. NON-CATHOLIC**

This section for Office Use Only:

- _____ **Original Birth Certificate**
- _____ **Original Baptismal Certificate**
- _____ **Bus Application**
- _____ **Family Information Form**
- _____ **Release of Records / IEP Individual Education Plan**
- _____ **\$50.00 Application Fee**
- _____ **\$150.00 Registration Fee (Per Student– Upon Acceptance – Non-refundable)**
- _____ **Health History**
- _____ **Inoculation Record**
- _____ **Private Physical Exam**
- _____ **Acceptance Letter**
- _____ **Tuition Form**
- _____ **Transfer Card**

Placement Testing for grades K-4 will be scheduled by phone when the registration is returned.