

NEW STUDENT REGISTRATION

Check specific program or grade for September 2017

<input type="checkbox"/> Preschool-full day 2 days -Tuesday/Thursday	<input type="checkbox"/> Pre Kindergarten-full day 3 days - Mon./Wed./Fri.	<input type="checkbox"/> Kindergarten-full day Mon. thru Fri.	Grade: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Preschool-1/2 day option 2 days -Tuesday/Thursday	<input type="checkbox"/> Pre Kindergarten-1/2 day 3 days - Mon./Wed./Fri.	<input type="checkbox"/> Kindergarten-1/2 day option Mon. thru Fri.	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
<input type="checkbox"/> Pre Kindergarten-full day Mon. thru Fri.			

STUDENT INFORMATION

Child's Name: _____ (Last) _____ (First) _____ (Middle) _____ (Country of Birth) _____ (Date of Birth) _____ (Sex)

Home Address: _____ (Number & Street) _____ (City) _____ (State) _____ (Zip) _____ (County of Residence) _____ (Home Phone No.) _____ (Public School District of Residence)

(Please check the one that applies to the student.)

Ethnic Background	Living with	Parental Status	Language spoken at home:	Citizenship
<input type="checkbox"/> American Indian	<input type="checkbox"/> Both parents	Father <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased	1st language:	<input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized <input type="checkbox"/> Other:
<input type="checkbox"/> Black	<input type="checkbox"/> Mother	Mother <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased	2nd language:	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Father			
<input type="checkbox"/> Asian	<input type="checkbox"/> Mother/stepfather			
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Father/stepmother			
<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Parents separated or divorce			
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> Other			
	<input type="checkbox"/> Relationship of Guardian to student			

I/We am/are registered in _____ Parish.

SACRAMENTAL INFORMATION

Date	Church	City	State
<input type="checkbox"/> Baptism			
<input type="checkbox"/> First Penance			
<input type="checkbox"/> First Eucharist			
<input type="checkbox"/> Confirmation			

PREVIOUS SCHOOLING

(Include Preschool, Pre-Kindergarten, Kindergarten as well as elementary school.)

Name of School	Address (City, State)	Grade

Has child had any specific Educational or Psychological testing? Yes ___ No ___
 If yes, place where testing was administered _____
 Type of testing _____
 Has child been retained? Yes ___ No ___ Grade _____
 Does your child have an Individualized Education Plan (IEP) ? Yes ___ No ___

FAMILY BACKGROUND

FATHER'S NAME _____
 Address _____
 (if different from student)

Home phone# _____ Cell phone # _____ email _____
 Employer _____ Work phone # _____
 Deceased _____ Religion _____ Country of Birth _____

MOTHER'S NAME _____
 Address _____
 (if different from student)

Home phone# _____ Cell phone # _____ email _____
 Employer _____ Work phone # _____
 Deceased _____ Religion _____ Country of Birth _____

GUARDIAN'S NAME _____
 Address _____
 (if different from student)

Home phone# _____ Cell phone # _____ email _____
 Employer _____ Work phone # _____
 Deceased _____ Religion _____ Country of Birth _____

Parental rights (in case of separation or divorce)
 (Attach copy of court order)

Legal Custody: ___ Joint Custody ___ Sole Custody
 Physical Custody: ___ Joint Custody ___ Sole Custody

If sole custody: ___ Mother ___ Father ___ Guardian

Signature of Parent/Guardian: _____

Date: _____