



Catholic School Registration

Please print or type all information

Date: _____

School Name: _____ City/Town: _____

STUDENT INFORMATION

Student Name: _____ Male
Female

Address: _____
Last First Middle
Street City/State/Zip Home Phone Number

Date of Birth: _____ Current Grade: _____ Registering for Grade: _____

Present School Name and Address: _____

Student's Religion: _____ Parish name and town: _____

Will you be requesting parish support for tuition? Yes No

Date of Baptism: _____ Parish: _____ City/Town: _____

Date of First Reconciliation: _____ Parish: _____ City/Town: _____

Date of First Eucharist: _____ Parish: _____ City/Town: _____

Siblings? Yes No

Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

The following statistical information is for reporting purposes and will not be used in a discriminatory manner:

The student is Hispanic or Latino Yes No

Ethnic Group American Indian/Native Asian Black/African American Native Hawaii/Pacific Island
 White Two or more races Unknown

Catholic Non Catholic

Have an educational plan (e.g.,ISP, IEP, 504) or class modifications ever been recommended for this student? Yes No

If yes, please specify _____

MEDICAL INFORMATION

Does the student suffer from any serious medical condition or allergy? Yes No

If yes, please list the condition(s) or allergy

Please list any special instructions related to the condition(s)

Does this student have asthma? Yes No

Does this student use an inhaler or epi-pen? Yes No

Students carrying an inhaler or epi-pen must complete a separate form.

Does this student require any medication throughout the day? Yes No

If yes, please list the medications and dosages:

Medication	_____	Dose	_____
Medication	_____	Dose	_____
Medication	_____	Dose	_____

All medications must be presented in the original bottle with the prescription label and must be held in the health office.

Student's Physician	_____	Phone Number	_____
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PARENT INFORMATION

Student resides with: (please check all that apply)

Father Mother Stepfather Stepmother Guardian Other (Please specify) _____

Student's parents are: Married Separated Divorced Never Married Widowed

If never married, divorced or separated, who has legal custody or **decision-making responsibility** of the student? *

Father Mother Both Other (please specify)

If never married, divorced or separated, who has **physical custody or residential responsibility** of the student? *

Father Mother Both Other (please specify)

If never married, divorced or separated, who has primary **financial responsibility** of the student? *

Father Mother Both Other (please specify)

**Please provide a copy of any relevant court orders, such as Parenting Plan, Final Divorce Decree, or Guardianship Order.*

The orders will be maintained in the student's file.

Correspondence should be sent to: Both parents Father only Mother only Other (please specify)

Name of Mother

Dr. Mrs. Ms. Other (please specify)

Name: _____ Living Deceased

Maiden Name _____

Home Address: _____

Cell Phone: _____ E-mail: _____

Employer: _____ Title: _____

Business Address: _____ Business Phone: _____

Name of Father

Dr. Mr. Other (please specify)

Name: _____ Living Deceased

Home Address (if different from above) _____

Cell Phone: _____ E-mail: _____

Employer: _____ Title: _____

Business Address: _____ Business Phone: _____

If this student is under the care of a guardian, please attach Addendum A.

TUITION/FINANCIAL RESPONSIBILITY

Please indicate who is responsible for tuition and other financial obligations:

Dr. Mr. Mrs. Ms. Other (please specify) _____

Name: _____

Maiden Name _____

Relationship to Student: _____

Home Address: _____

Cell Phone: _____ E-mail: _____

Employer: _____ Position: _____

Business Address: _____ Business Phone: _____

EMERGENCY CONTACT INFORMATION

Please list other persons authorized to care for the student if parents/guardians cannot be reached.

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

The people named above have agreed to accept responsibility for my child if I cannot be reached in case of emergency during the school day. I understand that it is my responsibility to advise the school office if this information changes during the school year.

We certify that all information submitted in the registration process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. We agree to update any information if it becomes outdated.

Signature of Parent: _____

Signature of Parent: _____

For office use only:

- Registration Fee (if applicable)
- Baptismal Certificate Health Form Custody Documents (if applicable)

Other information: _____

Received by: _____ Date: _____