

Saint Joan of Arc School

22415 Overlake
 Saint Clair Shores, MI 48080
 (586) 775-8370

Registration for 2020 – 2021 Grades 1 – 8 New Students

Grade in September: _____

Date of Registration: _____

Child:

FIRST MIDDLE LAST M/F BIRTHDATE

ADDRESS PHONE WITH AREA CODE

CITY STATE ZIP RELIGION

Will this child be the oldest in the family attending Saint Joan of Arc School? YES/NO

Date (MM/DDYY) Church City, State

Baptism: _____

First Communion: _____

Penance: _____

Confirmation: _____

If your child has not received all of the sacraments listed, do you want him/her to participate in these programs when they're offered? YES / NO Indicate which Sacrament: _____

Please indicate your child's Race and Ethnicity for Reporting Purposes: African-American (AA)____; American Indian (AI)____; Arabic (AR)____; Asian (A)____; Bi-Racial (B)____; Caucasian (C)____; Hispanic (H)____; Pacific Islander (P)____; Other (O)____

Father:

MR / DR FIRST INITIAL LAST COUNTRY OF BIRTH

OCCUPATION EMPLOYER EMPLOYER PHONE

E-mail address RELIGION

Mother:

MS / MRS / DR FIRST INITIAL LAST COUNTRY OF BIRTH

OCCUPATION EMPLOYER EMPLOYER PHONE

E-mail address RELIGION

With whom does the child live?

Please place an X in the appropriate box and provide the necessary information:

- Both Parents
- *One Parent Mother Father
- *Other (*Please specify*)

* With exception of widow or widower: ***Proof of physical custody must be provided.***

Registration is considered final only after school records have been received and reviewed, and clearance is given that accounts have been settled at previous school.

Continued on back

Does the student have any disabilities or difficulties of which we should be aware?

Yes No If yes, please explain: _____

Is your child on any type of medication? Yes No

If yes, what type of medication? _____

Has the child received any special help such as an IEP, 504 Plan, Behavior Plan, Psychological Testing, Sensory Motor training that we should know about to best help the child?

Yes No If yes, please explain: _____

Please add any comments about your child's health or development the teacher should know in order to best work with your child. _____

Schools the child has previously attended:

Name of School	Address	Dates

Reason for transfer: _____

Registration and admission is **not finalized** until the following records are received and approved by the principal. New students are on probation until the following requirements are fulfilled.

1. Proper transfer of school records from school previously attended.
2. Baptismal record (*Catholic child*)
Acceptance form (*non Catholic child*)
3. Birth Certificate
4. Health Certificate and Immunization records

Signature of Parent(s) _____ Date _____

Non-Catholics only:

Acceptance Form

I am well aware of the philosophy of Saint Joan of Arc School. I clearly understand my children will be educated according to Christian values and principles, and my children will participate in the Religious Program and the liturgical services offered in school.

Signature of Parent(s) _____ Date _____