



OFFICE USE ONLY	Date Received:
Birth Cert. <input type="checkbox"/>	Baptismal Certificate <input type="checkbox"/>

## Student 1 Enrollment Form 2021-2022

**Grade in which to enroll:** \_\_\_\_\_ (For Preschool students complete the next Form as well)

First Name: \_\_\_\_\_ Mid Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Family Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City/State \_\_\_\_\_ Male  Female  Catholic  Non-Catholic

Race (Check all that apply):  American Indian  Asian  Black  Hispanic  Pacific Islander  White

Other: \_\_\_\_\_

Previous School attended \_\_\_\_\_

If the student is Catholic, enter the following. (Baptism certificates are required at registration)

Baptism  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Reconciliation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Communion  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

Confirmation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

List any special educational or instructional needs here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child currently have or has your child ever had an IEP, 504 Plan, or Student Accommodation Plan?

Yes  No If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had any screenings through a School District or Physician?

Yes  No If yes, please explain

Comments: Enter any additional comments about this student here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I understand that registration of my child is not complete until my child's Birth Certificate and their Baptismal Certificate (if applicable) are received.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Student 2 Enrollment Form 2021-2022

**Grade in which to enroll:** \_\_\_\_\_ (For Preschool students complete the next Form as well)

First Name: \_\_\_\_\_ Mid Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Family Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City/State \_\_\_\_\_ Male  Female  Catholic  Non-Catholic

Race (Check all that apply):  American Indian  Asian  Black  Hispanic  Pacific Islander  White

Other: \_\_\_\_\_

Previous School attended \_\_\_\_\_

If the student is Catholic, enter the following. (Baptism certificates are required at registration)

Baptism  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Reconciliation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Communion  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

Confirmation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

List any special educational or instructional needs here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child currently have or has your child ever had an IEP, 504 Plan, or Student Accommodation Plan?

Yes  No If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had any screenings through a School District or Physician?

Yes  No If yes, please explain

Comments: Enter any additional comments about this student here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I understand that registration of my child is not complete until my child's Birth Certificate and their Baptismal Certificate (if applicable) are received.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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Birth Cert. <input type="checkbox"/>	Baptismal Certificate <input type="checkbox"/>

### Student 3 Enrollment Form 2021-2022

Grade in which to enroll: \_\_\_\_\_ (For Preschool students complete the next Form as well)

First Name: \_\_\_\_\_ Mid Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Family Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City/State \_\_\_\_\_ Male  Female  Catholic  Non-Catholic

Race (Check all that apply):  American Indian  Asian  Black  Hispanic  Pacific Islander  White

Other: \_\_\_\_\_

Previous School attended \_\_\_\_\_

If the student is Catholic, enter the following. (Baptism certificates are required at registration)

Baptism  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Reconciliation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Communion  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

Confirmation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

List any special educational or instructional needs here: \_\_\_\_\_

\_\_\_\_\_

Does your child currently have or has your child ever had an IEP, 504 Plan, or Student Accommodation Plan?

Yes  No If yes, please explain

\_\_\_\_\_

Has your child ever had any screenings through a School District or Physician?

Yes  No If yes, please explain

Comments: Enter any additional comments about this student here: \_\_\_\_\_

\_\_\_\_\_

**I understand that registration of my child is not complete until my child's Birth Certificate and their Baptismal Certificate (if applicable) are received.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



OFFICE USE ONLY	Date Received:
Birth Cert. <input type="checkbox"/>	Baptismal Certificate <input type="checkbox"/>

### Student 4 Enrollment Form 2021-2022

Grade in which to enroll: \_\_\_\_\_ (For Preschool students complete the next Form as well)

First Name: \_\_\_\_\_ Mid Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Family Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City/State \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Catholic \_\_\_ Non-Catholic

Race (Check all that apply): \_\_\_ American Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ Pacific Islander \_\_\_ White

Other: \_\_\_\_\_

Previous School attended \_\_\_\_\_

If the student is Catholic, enter the following. (Baptism certificates are required at registration)

Baptism  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Reconciliation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Communion  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

Confirmation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

List any special educational or instructional needs here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child currently have or has your child ever had an IEP, 504 Plan, or Student Accommodation Plan?

\_\_\_ Yes \_\_\_ No If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had any screenings through a School District or Physician?

\_\_\_ Yes \_\_\_ No If yes, please explain

Comments: Enter any additional comments about this student here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I understand that registration of my child is not complete until my child's Birth Certificate and their Baptismal Certificate (if applicable) are received.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Student 5 Enrollment Form 2021-2022

**Grade in which to enroll:** \_\_\_\_\_ (For Preschool students complete the next Form as well)

First Name: \_\_\_\_\_ Mid Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Family Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City/State \_\_\_\_\_ Male  Female  Catholic  Non-Catholic

Race (Check all that apply):  American Indian  Asian  Black  Hispanic  Pacific Islander  White

Other: \_\_\_\_\_

Previous School attended \_\_\_\_\_

If the student is Catholic, enter the following. (Baptism certificates are required at registration)

Baptism  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Reconciliation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

First Communion  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

Confirmation  
Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

List any special educational or instructional needs here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child currently have or has your child ever had an IEP, 504 Plan, or Student Accommodation Plan?

Yes  No If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had any screenings through a School District or Physician?

Yes  No If yes, please explain

Comments: Enter any additional comments about this student here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I understand that registration of my child is not complete until my child's Birth Certificate and their Baptismal Certificate (if applicable) are received.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_