



REGISTRATION FORM 2021-22

ALL INFORMATION IS CONFIDENTIAL

***PLEASE PRINT LEGIBLY AND COMPLETE EACH LINE**

***REQUIRED INFORMATION**

STUDENT INFORMATION

*STUDENT'S NAME _____ Grade _____ *M _____ *F _____
 *ADDRESS _____ *CITY _____ *STATE _____ *ZIP _____
 *HOME PHONE(____) _____ *DATE OF BIRTH _____ *HOME SCHOOL DISTRICT _____
 *MAIN E-MAIL _____
 *ETHNICITY _____ *HISPANIC Y/N _____ *RELIGION _____
 Has your child been baptized? Y/N Has your child made their First Communion? Y/N
 CURRENT PARISH _____

Does your child have any allergies? Y/N If yes, please indicate: _____

PARENT/GUARDIAN INFORMATION

*MOTHER'S NAME _____ *FATHER'S NAME _____
 *MOTHER'S CELL(____) _____ *FATHER'S CELL(____) _____
 *ADDRESS _____ *ADDRESS _____
 *CITY _____ *STATE _____ *CITY _____ *STATE _____
 *ZIP _____ Are you **VIRTUS** trained? Y/N *ZIP _____ Are you **VIRTUS** trained? Y/N
 *EMPLOYER _____ *EMPLOYER _____
 *MOTHER'S WORK #(____) _____ *FATHER'S WORK #(____) _____

*** A BIRTH CERTIFICATE, PHYSICAL EXAM AND CURRENT IMMUNIZATION RECORDS ARE MANDATORY FOR ENROLLMENT.***

Does your child currently have an IEP or 504 plan? Yes _____ No _____
If yes, please provide us with a copy. After June 1st, if you have not contacted your home district about receiving services, we will be unable to provide any services.

IF THERE IS A CUSTODY AGREEMENT WITH YOUR LOCAL COURT, YOU MUST PROVIDE A COPY.

THE \$50 DEPOSIT IS NON REFUNDABLE. PLEASE REFER TO THE FINANCIAL AGREEMENT FORM.

PARENT/GUARDIAN SIGNATURE _____ DATE ____/____/____

For Office Use Only

_____ P.S. _____ Business Manager _____ Nurse _____ Student Records