

# NEW STUDENT REGISTRATION

*Check specific program or grade for September 2021*

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

## 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
		Father	Mother	Single	Married	1st language:	2nd language:	
American Indian	Both parents	Single	Married	Single	Married			Native Born
Black	Mother	Married	Separated	Married	Separated			Naturalized
Hispanic	Father	Separated	Remarried	Separated	Remarried			Other:
Asian	Mother/stepfather	Remarried	Deceased	Deceased				Date of Arrival and Country
Caucasian	Father/stepmother	Deceased						
Hawaiian/Pacific Islander	Parents separated or divorce							
Multi Racial	Other							
	Relationship of Guardian to student							

I/We am/are registered in \_\_\_\_\_ Parish.

## SACRAMENTAL INFORMATION

	Date	Church	City	State
Baptism				
First Penance				
First Eucharist				
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 # \_\_\_\_\_ e-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_

Deceased \_\_\_\_\_ Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

(If different from Student)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ e-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_

Deceased \_\_\_\_\_ Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

(If different from Student)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ e-Mail \_\_\_\_\_

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 \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_