



Enrollment Form 2020-2021

Form #1

There is a registration fee of \$475.00 associated with processing this packet. Please see fee schedule for early discounts dates.

Grade Level (circle one) PK-3 PK-4 K 1 2 3 4 5 6 7 8 for school year 2020-2021

Date form completed _____

All fields must be completed.

Student's Name _____

First

Middle

Last

Social Security # _____ Student E-mail _____

Date of Birth _____ Ethnicity: _____ Gender _____ Religion _____

Preferred Phone# _____ Parish/Church _____

Present Grade _____ Previous School: _____

For what public school is your home address zoned? _____

Is the student a US citizen? Y _____ N _____

Please circle one: **Mr./Mrs.** **Dr./Mrs.** **Mr./Dr.** **Drs.** **Mr.** **Mrs.** **Ms.**

Parent/Guardian(s) Formal Name(s) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (If Different): _____

Preferred Phone: _____

Parent(s) or Guardian(s) WITH WHOM THE STUDENT LIVES

Father's Name _____ Religion _____

Employer _____ Occupation _____

Bus. Phone Number _____ Cell Phone Number _____

Father's E-mail _____

Mother's Name _____ Religion _____

Employer _____ Occupation _____

Bus. Phone Number _____ Cell Phone Number _____

Mother's E-mail _____

If applicable, 2nd Parent (not living at above address): _____

2nd Parent Address (for mailing) _____

E-mail _____ Cell Phone Number _____

Parent or Guardian Status (please answer the following):

Child resides/lives with: Mother Father Both Other (Specify) _____

Who has legal custody? Mother Father Both Other (Specify) _____

Billing taken care of by: Mother Father Both Other (Specify) _____

DOES YOUR CHILD HAVE ANY SPECIAL ACADEMIC REQUIREMENTS?

(Please provide documentation) Yes _____ No _____

Do you have computer access for Parent Portal* purposes? Yes _____ No _____

*Parent Portal is an on-line service through which parents and students access grades, assignments, newsletters, etc.

If you have grandparents who enjoy receiving the weekly newsletter and/or school-related mailings, please provide their contact information below:

Grandparent Name	E-mail Address	Phone Number
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Address	City	State	Zip
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Grandparent Name	E-mail Address	Phone Number
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Address	City	State	Zip
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Please list other siblings not currently attending SACBS:

Name	School	Grade
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Name	School	Grade
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CONTACT PERSONS: For emergencies and after school pickup.
Children will not be released to people not on this list without specific permission from the parents.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____
4. Name: _____ Phone: _____

To any physician, hospital or authorized healthcare provider regarding emergency health/medical services.

This is to verify that in the event of my unavailability, a staff member of the Diocese of Beaumont, one of its parishes, or schools, or an adult advisor is authorized to order emergency medical care for my child named above and is also authorized to execute any permission forms or other authorization required in connection with such care.

Child's Physician __: _____ Phone Dr. Office: _____

Preferred Hospital: _____

Insurance Company: _____ Insurance Phone: _____

Policy Carrier: _____ Policy Number: _____

Known Allergies: _____

Prescription drugs currently being taken: _____

Parent/Guardian's Signature

Date

A photocopy of both sides of major medical insurance ID card must be attached.