

REGISTRATION FORM FOR
NEW SCHOOL FAMILIES/CHILDREN

School _____ Parish _____

FAMILY INFORMATION

Mother: _____

Father: _____

Current Family Data

	MOTHER	FATHER
Relationship (Parent, step-parent, guardian, deceased, grandparent)		
Marital Status (Married, single, deceased, divorced/remarried, separated)		
Street		
City/State/Zip		
Home Phone		
Work Phone		
Religion		
Employer		
Employer Address		
Occupation		
Birth Country		

Direct Correspondence to: _____

Street _____

City/State/Zip _____

Phone _____ Publish in School Directory (Y/N) _____

Language spoken at home: _____

Names and dates of birth of ALL children in family (list pre-school children first):

Boys _____

Girls _____

Custody (if applicable): Single (Y/N) _____ Name: _____

Joint (Y/N) _____ Names: _____

If you and the physician of your choice, as indicated on back, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated do you authorize the school authorities to send your child (properly accompanied to an available hospital or physician)?

Yes No Signature of parent or guardian: _____

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes No Signature of parent or guardian: _____

PLEASE FILL OUT THE INFORMATION ON THE BACK

CHILD'S INFORMATION

Name: _____ Child's Social Security _____
 Sex: _____
 Date of Birth: _____ Birth City/State: _____
 Proposed Grade Placement: _____
 Oldest (Y/N) _____ Transportation: _____

Child's Birth Country: _____ First Language Child Learned to Speak: _____
 Language Child Speaks Most Often: _____

After school child goes to:

Place: _____ Phone: _____
 Contact: _____

Religious Records:

Religion: _____

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptismal				
First Communion				
First Reconciliation				
Confirmation				

Health/Emergency Information:

First Contact/Relation: _____ Phone: _____
 Second Contact/Relation: _____ Phone: _____
 Doctor: _____ Phone: _____
 Hospital: _____ Phone: _____
 Health/Physical Limitations: _____
 Medicine: _____
 Instructions/Allergies: _____
 Immunization Expiration Date: _____

Transferred Information:

School: _____
 Address: _____
 Entered: ____/____/____ Withdrew: ____/____/____

Reason code:

- Codes: 1 - Completed Kindergarten 2 - Moved 3 - Illness
 4 - Parent Choice 5 - Other

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Pre-registration Fee paid _____	Tylenol permission on file (Y/N) _____
Received by _____	Records Requested _____
Baptismal Certificate Verified (Y/N) _____	Application Status (Circle one)
Immunization Certificate (Original copy) (Y/N) _____	IA - Siblings
Date of Expiration _____	1B - Oldest
Physical Exam Certificate (Y/N) _____	1C - Non-Catholic
Fluoride Permission on file (Y/N) _____	Registered in Parish (Y/N) _____
Birth Certificate Verified (Y/N) _____	
Accepted/Not Accepted _____	Notified _____