

STUDENT INFORMATION

Name: _____ Gender: _____

Date of Birth: _____ Birth City/State/Country: _____

Proposed Grade (Kindergarten through -8th grade) _____

Preschool Circle: PS (3-4 year old) Half Day or PS (3-4 year old) Full Day (students must be age 3 by 8/1 and fully toilet trained)

Pre-Kindergarten Circle PK (4-5 year old) Half Day or PK (4-5 year old) Full Day (students must be age 4 by 8/1 and fully toilet trained)

Oldest or Only Child (Y/N) _____ Transportation: _____

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
Baptism				
First Eucharist				
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 Program

2 - Moved

3 - Illness

4 - Parent Choice

5 - Other

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Pre-registration Fee Paid _____

Received by _____

Baptismal Certificate Verified (Y/N) _____

Immunization Certificate (Original) (Y/N) _____

Date of Expiration _____

Physical Exam Certificate (Y/N) _____

Fluoride Permission on File (Y/N) _____

Birth Certificate Verified (Y/N) _____

Accepted/Not Accepted _____

Records Requested _____

Application Status (Circle one)

1A - Siblings

1B - Oldest

1C - Non-Catholic

Registered in Parish (Y/N) _____

Name of Parish _____

Notified _____