

# ST. PAUL CATHOLIC SCHOOL REGISTRATION CARD 2014-2015

Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Entering Grade \_\_\_\_\_

Date Student will begin classes \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration Fee, Received \$ \_\_\_\_\_  
Student # \_\_\_\_\_

## STUDENT INFORMATION

Student's Legal Last Name: _____	Legal First Name: _____	Middle Name: _____	Nickname/Name Student Goes By _____
_____/_____/_____ Social Security Number	_____/_____/_____ Birthdate	Male / Female Gender	_____/_____/_____ Place of Birth City / State / Country
Home Phone # _____ <b>Permitted in Directory?</b> Yes ( ) No ( )		Guardian email address _____ <b>Permitted in Directory?</b> Yes ( ) No ( )	
Student Phone # _____ <b>Permitted in Directory?</b> Yes ( ) No ( )		Student email address _____ <b>Permitted in Directory?</b> Yes ( ) No ( )	
Home Address _____ <b>Permitted in Directory?</b> Yes ( ) No ( )		Mailing Address (if different) _____ <b>Permitted in Directory?</b> Yes ( ) No ( )	
Street Address _____		Street Address or P.O. Box _____	
City _____	State _____	Zip Code _____	City _____
			State _____
			Zip Code _____

**Please respond to both the race and the ethnicity (Hispanic or not) question, so that we may accurately complete required reports.**

<b>Race</b> (Check one)	<b>Is student Hispanic or Latino?</b> Yes ( ) No ( )	
<input type="checkbox"/> American Indian / Native Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Two or more races	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White

Primary language spoken at home:

English Only     Chinese     Italian     Korean     Spanish or Spanish Creole     Tagalog     Vietnamese

Other language: \_\_\_\_\_

Prior School Attended: \_\_\_\_\_      Public School for your residence: \_\_\_\_\_

Student's Religion: \_\_\_\_\_      If Catholic, Student's Parish: \_\_\_\_\_

Permission to publish student photo in brochures, on web site, or in the newspaper or similar publications? Yes ( ) No ( )

## FAMILY INFORMATION

Student primarily lives with: (check one)

Mother and Father     Mother     Mother / Stepfather     Grandparent / Guardian

Father     Father / Stepmother     Other \_\_\_\_\_

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings: \_\_\_\_\_

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship (circle one)		
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager #:		
Work Address		
Work Phone:		
Marital Status:		
Religion:	Alumni: Yes ( ) No ( )	Alumni: Yes ( ) No ( )

## STUDENT SACRAMENTAL INFORMATION

If Catholic, please give the following information:

Baptism: Yes( ) No ( )

Eucharist: Yes( ) No ( )

Reconciliation: Yes( ) No ( )

Confirmation: Yes( ) No ( )

If your child has not received any of the sacraments (Baptism, Reconciliation, Eucharist by grade 3, Confirmation in high school), please contact your parish.

### EMERGENCY/HEALTH INFORMATION AND CONSENT

In case of an **emergency** when parent or guardian cannot be reached, contact:

Emergency Contact #1      Name \_\_\_\_\_      Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_

Emergency Contact #2      Name \_\_\_\_\_      Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_

The following persons (in addition to the emergency contacts above) are authorized to pick up my child from school:

Authorized Pickup #1 \_\_\_\_\_

Authorized Pickup #2 \_\_\_\_\_

Authorized Pickup #3 \_\_\_\_\_

Preferred Doctor \_\_\_\_\_

Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Preferred Dentist \_\_\_\_\_

Phone # \_\_\_\_\_

I give my permission for my child to receive emergency medical treatment. Yes( ) No ( )

I give my permission to call 911: Yes( ) No ( )

List any medical considerations of which the school should be aware, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.)

Please list all allergies: \_\_\_\_\_

### STATEMENT OF COOPERATION

In making application for my child it is my desire to have him/her complete the school year 2014-2015. It is also my understanding that the policy of the school is to make no refunds on fees. If a child is withdrawn prior to the first day of classes, there will be no refund of two (2) months of tuition. Refunds of tuition during the school year will be refunded as per diocesan policy. I hereby agree that my child shall abide by the policies, rules and regulations of your school at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and I absolve the school from liability to me or my child because of loss of property or because of any injury to my child at school or during any school activity.

Parent Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about our school?      \_\_\_\_\_ Parent Referral (if so, please let us know who, so that we can thank them: \_\_\_\_\_

\_\_\_\_\_ Newspaper Advertisement

\_\_\_\_\_ Billboard

\_\_\_\_\_ Radio / Television Advertisement

\_\_\_\_\_ Church Bulletin

\_\_\_\_\_ Phone Book

\_\_\_\_\_ Internet Search

### FINANCE INFORMATION

Name & address of person responsible for tuition & other financial obligations (if different from parent or guardians listed above)      Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

### VERIFICATION INFORMATION (FOR OFFICE USE ONLY)

Pastor Verification: Yes( ) No ( ) Date: \_\_\_\_\_      Immunization Record (up to date?): Yes( ) No ( ) Date: \_\_\_\_\_

Baptism Certificate (If Catholic - Elementary School Only): Yes( ) No ( ) Date: \_\_\_\_\_

Physical Examination by FL Physician/Clinic (For all Elementary Students & High School Athletes: Yes( ) No ( ) Date: \_\_\_\_\_

Birth Certificate (must be original birth certificate w/ seal or certified copy): Yes( ) No ( ) Date: \_\_\_\_\_