

**St. Therese School**

**Grade Entering \_\_\_\_\_**

**Date of Admission:**

**Student Registration Form**

**For School Year:**

Student's Last Name (legal)		First Name, Middle Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date / /	Ethnic, Check One (opt) <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer Ind/Alaska native	Social Security #
Home Address			Home City	State	Zip Code	Birth State & Country	
Mailing Address (if different)			Mailing City	State	Zip Code	<b>Home Phone Number</b> <input checked="" type="checkbox"/> if Unlisted? <input type="checkbox"/>	
<b>PARENT / GUARDIAN INFORMATION:</b>							
Last Name Head of Household (Legal Guardian)		First Name Head of Household		Head of Household Work Phone	EXT.	Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N	Living With <input type="checkbox"/> Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> StepFather <input type="checkbox"/> StepMother <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> GrndParent
Last Name Spouse		First Name Spouse		Spouse Work Phone	EXT	Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N	
Head of Household Religion			Spouse's Religion				
Head of Household Employer & Occupation			Spouse's Employer & Occupation				
Employer Address			Employer Address				
Natural Parents of Student are: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased (circle one) Mother Father							
Responsible Party for Tuition:			Address/City/State/Zip -- (if different from above)				
Family E-Mail address			Other important numbers (cell phone, pager, etc.)				
Non-Custodial Parent – Last Name		First Name		Home Phone	Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N	Work Phone	
Non-Custodial Spouse – Last Name		First Name Spouse		Spouse Home Phone	Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N	Work Phone	
Non-Custodial Parent Religion			Are there visitation or court ordered restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, it is important to provide documents to the school.</b>				
<b>RELIGION / FAMILY LIFE</b>							
Parish Currently Attending		Parish City/State		Are you Registered & Active <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Parish Registration	
<b>Student's Sacraments:</b>	Church / Parish	Address			City/State		Date
Baptism							
Eucharist							
Reconciliation							
<b>RECORD OF OTHER CHILDREN IN FAMILY: (List all children in the family)</b>							
Name		Date of Birth		Relationship to pupil		Living at Home (circle one)	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
<b>PUBLIC SCHOOL INFORMATION</b>							
Public School District of Residence		Is this student currently receiving: Special Education Services/ I.E.P.: <input type="checkbox"/> Yes <input type="checkbox"/> No Related Services: (speech, counseling, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			Has this student ever received: Special Education Services: <input type="checkbox"/> Yes <input type="checkbox"/> No Related Services: (speech, counseling, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please specify any special services and the dates received:							
<b>EMERGENCY INFORMATION:</b>							
#1 Contact: (other than parent) Name / Phone / Relationship				#2 Contact: (other than parent) Name / Phone / Relationship			
Child Care Provider: (Name/Phone)				Persons Authorized to Pick Up Student (Name/Phone)			
Doctor Name:		Doctor Phone		Dentist Name		Dentist Phone	
Hospital		Please check any current on-going problems: (If yes to any below, school needs complete health information) <input type="checkbox"/> Serious Allergy <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Medications <input type="checkbox"/> Other Explain:					
In case of accident or serious illness, if neither responsible guardian nor named physician can be reached, do you authorize and direct the school officials to send your child to a doctor and/or hospital for medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Parent Signature:</b>						<b>Date</b>	