

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 / /	Ethnicity: <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	Home Phone Number ✓ if Unlisted? <input type="checkbox"/>	
PARENT / GUARDIAN INFORMATION:							
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 If yes, it is important to provide documents to the school.				
RELIGION / FAMILY LIFE							
Parish Currently Attending		Parish City/State		Are you Registered & Active <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Parish Registration	
Student's Sacraments:	Church / Parish	Address			City/State		Date
Baptism							
Eucharist							
Reconciliation							
RECORD OF OTHER CHILDREN IN FAMILY: (List all children in the family)							
Name		Date of Birth		Relationship to pupil		Living at Home (circle one)	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
PUBLIC SCHOOL INFORMATION							
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:							
EMERGENCY INFORMATION:							
#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							
Parent Signature:						Date	