

St. Catherine of Siena
2011-2012 Student Registration Form
All Information **MUST** Be Completed

Office Use Only

Birth Cert _____
Bapt. Cert _____
Custody _____

Grade in 2011-2012 school year: _____ **BUS DISTRICT:** Toledo Washington Local Other (specify) _____

Kindergarten Screening will be held on **May 19th & 20th**. I would prefer the following day/time for my child's screening:
May 19th () a.m. or **May 20th** () a.m. () p.m.

Student Name _____ D.O.B. _____ Male Female
Last First Middle Initial
Student Address _____ City _____ State _____ Zip _____
Home Phone # _____ Parent E-Mail Address _____

Nationality: African-American Hispanic Asian American Indian/Native Alaskan White
 Native Hawaiian/other Pacific Islander Multiracial

Family Status: Single Married Divorced If divorced who has legal custody? _____

A copy of custody papers must be on file in the school office. If parents have joint custody and want the school information mailed to them, there is a **\$25 fee**, which must be paid in the office.

Student Lives with: _____ **Student's Religion:** Catholic Other (specify) _____

Father's Name _____ Father's Religion _____

Please complete the following ONLY if different than student information:

Address _____ City _____ State _____ Zip _____ Home Phone # _____

Mother's Name _____ Mother's Religion _____

Please complete the following ONLY if different than student information:

Address _____ City _____ State _____ Zip _____ Home Phone # _____

Please complete ALL of the following information:

Father's Employer _____ Occupation _____

Father's Work # _____ Cell # _____ Pager # _____

Mother's Employer _____ Occupation _____

Mother's Work # _____ Cell # _____ Pager # _____

****Every Student must have a copy of their Birth Certificate and/or Baptismal Certificate (if it has the date of birth on it) on file in the school office before registration is complete.**

Baptism: Yes No Date of Baptism: _____ Church of Baptism: _____ Registered Member of: _____

If transferring from another school, please be aware that St. Catherine School has limited resources for students with learning disabilities.

School Name: _____ School Address: _____

Special Services (for example, tutoring): _____

We would like to publish a roster of school families with name, address, and phone numbers to distribute to our school families. Please initial on one of the following lines:

_____ I would like my name, address, & phone number to be in the roster.

_____ I would **NOT** like my name, address, & phone number to be in the roster.

Other Children Attending St. Catherine School 2011-2012 school year:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____