



REGISTRATION FORM 2017-18

518-382-8225

ALL INFORMATION IS CONFIDENTIAL

\*PLEASE PRINT LEGIBLY AND COMPLETE EACH LINE \*REQUIRED INFORMATION

STUDENT INFORMATION

\*STUDENT'S NAME \_\_\_\_\_ Grade \_\_\_\_\_ \*M \_\_\_\_\_ \*F \_\_\_\_\_

\*ADDRESS \_\_\_\_\_ \*CITY \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*HOME PHONE \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_ \*HOME SCHOOL DISTRICT \_\_\_\_\_

\*ETHNICITY \_\_\_\_\_ \*HISPANIC Y/N RELIGION \_\_\_\_\_

Has your child been baptized? Y/N Has your child made their First Communion? Y/N

CURRENT PARISH \_\_\_\_\_

\*MAIN E-MAIL \_\_\_\_\_

(MAIN E-MAIL COMMUNICATION)

Does your child have any allergies? Y/N If yes, please indicate: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

\*MOTHER'S NAME \_\_\_\_\_ \*FATHER'S NAME \_\_\_\_\_

\*MOTHER'S CELL \_\_\_\_\_ \*FATHER'S CELL \_\_\_\_\_

\*ADDRESS \_\_\_\_\_ \*ADDRESS \_\_\_\_\_

\*CITY \_\_\_\_\_ \*CITY \_\_\_\_\_

\*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*EMPLOYER \_\_\_\_\_ \*EMPLOYER \_\_\_\_\_

\*MOTHER'S WORK # \_\_\_\_\_ \*FATHER'S WORK # \_\_\_\_\_

\*IF THERE IS A CUSTODY AGREEMENT WITH YOUR LOCAL COURT, PLEASE PROVIDE COPIES

\*THE \$200 DEPOSIT IS NON REFUNDABLE AFTER AUGUST 1<sup>ST</sup>.

\* Please refer to the Financial Agreement Form for further required information.

**\*PLEASE REMEMBER CURRENT IMMUNIZATIONS, A PHYSICAL AND BIRTH CERTIFICATE ARE MANDATORY FOR YOUR CHILD TO BEGIN SCHOOL.\***

Does your child currently have an IEP or 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please provide us with a copy. After June 1<sup>st</sup>, if you have not contacted your home district about receiving services, we will be unable to provide any services.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only

\_\_\_\_\_ P.S. \_\_\_\_\_ Office Manager \_\_\_\_\_ Nurse \_\_\_\_\_ Student Records