



REGISTRATION FORM 2019-20
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 _____ *STATE _____ *ZIP _____
*HOME PHONE(____) _____ *DATE OF BIRTH _____ *HOME SCHOOL DISTRICT _____
*MAIN E-MAIL _____

*ETHNICITY _____ *HISPANIC Y/N _____ *RELIGION _____
Has your child been baptized? Y/N Has your child made their First Communion? Y/N
CURRENT PARISH _____

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 _____ *STATE _____ *CITY _____ *STATE _____
*ZIP _____ Are you **VIRTUS** trained? Y/N *ZIP _____ Are you **VIRTUS** trained? Y/N
*EMPLOYER _____ *EMPLOYER _____
*MOTHER'S WORK #(____) _____ *FATHER'S WORK #(____) _____

***IF THERE IS A CUSTODY AGREEMENT WITH YOUR LOCAL COURT, YOU MUST PROVIDE COPIES**

*** 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 1st, if you have not contacted your home district about receiving services, we will be unable to provide any services.

***THE \$200 DEPOSIT IS NON REFUNDABLE AFTER AUGUST 1. PLEASE REFER TO THE FINANCIAL AGREEMENT FORM FOR FURTHER REQUIRED INFORMATION.**

PARENT/GUARDIAN SIGNATURE _____ DATE ____/____/____

For Office Use Only

_____ P.S. _____ Business Manager _____ Nurse _____ Student Records