

**St. Therese School
Student Registration Form**

**Grade Entering _____
For School Year:**

Date of Admission:

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	
Home Address	Home City	State	Zip Code	Birth State & Country	
Mailing Address (if different)	Mailing City	State	Zip Code	Home Phone Number <input checked="" type="checkbox"/> 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 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, 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 student	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
Last school attended: (name & city)	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	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