

**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	Social Security #
Home Address	Home City	State	Zip Code	Birth State & Country	
Mailing Address (if different)	Mailing City	State	Zip Code	<b>Home Phone Number</b> <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 <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 <b>If yes, it is important to provide documents to the school.</b>			

**RELIGION / FAMILY LIFE**

<b>Parish Currently Attending</b>	Parish City/State	Are you Registered & Active <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Parish Registration
<b>Student's Sacraments:</b>	Church / Parish	Address	City/State
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
Last school attended: (name & city)	Please specify any special services and the dates received:	

**EMERGENCY INFORMATION:**

#1 Contact: (other than parent) Name / Phone / Relationship	Persons Authorized to Pick Up Student (Name/Phone)		
#2 Contact: (other than parent) Name / Phone / Relationship			
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**