

_____ St. Ambrose
_____ St. Augustine
_____ St. Peter
_____ St. Raphael

**CATHEDRAL EDUCATION CLUSTER**  
**2012 - 2013**  
**New Student Registration Form**

<u>Deposit</u>
Date Received _____
Cash _____
Check _____

Student entering grade \_\_\_\_\_

Please complete this form in its entirety. This information will be used by both the school and business office for information and billing purposes. A non-refundable application fee of \$100 MUST accompany this application  
**PLEASE PRINT ALL INFORMATION!**

Student Last Name		Student 1 <sup>st</sup> Name & M.I.
Birth Date	M/F	Social Security Number
City & County of Birth		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Sibling Name		Sibling Birth Date
Sibling Name		Sibling Birth Date
Sibling Name		Sibling Birth Date
Sibling Name		Sibling Birth Date
Hispanic - Yes <input type="checkbox"/> No <input type="checkbox"/>		
CIRCLE ONE: Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaii/Pacific Island <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Unknown <input type="checkbox"/>		
Student is transferring from:		
Name of School _____ Address _____		
Grade _____ Reason for Transfer _____		
Has student ever attended a Catholic School? If so which one?		
Has the student ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which grade?		
Has the student ever had a psychological and/or psycho-educational evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
Does the student have an IEP (Individual Education Plan) or 504 Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student have any physical/psychological condition (asthma, allergy, hearing loss, ADHD, etc.) which would limit his/her school activity or classroom functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Description _____		
Has the student had any serious illness or hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Year _____ Description _____		
<b>MOTHER'S INFORMATION</b>		<b>FATHER'S INFORMATION</b>
<b>Name</b>		<b>Name</b>
<b>Address</b>		<b>Address</b>
<b>City, State, Zip</b>		<b>City, State, Zip</b>
<b>Home Phone</b>		<b>Home Phone</b>
<b>Cell Phone</b>		<b>Cell Phone</b>
<b>Employer</b>		<b>Employer</b>
<b>Work Phone</b>		<b>Work Phone</b>
<b>Occupation</b>		<b>Occupation</b>
<b>E-Mail Address</b>		<b>E-Mail Address</b>
<b>Religion</b>		<b>Religion</b>
<b>Parish</b>		<b>Parish</b>

**NON-PARENT EMERGENCY CONTACTS**

NAME	RELATIONSHIP	DAYTIME PHONE/CELL

**Children live with**     **Mother**     **Father**     **Grandparent**     **Guardian**  
**Who has custody?**     **Mother**     **Father**     **Grandparent**     **Guardian**

**Are Visitation Rights permitted to non-custodial parent?**     **Yes**     **No**

\_\_\_\_\_

**Bus**     **Morning Only**     **Afternoon Only**     **Both Morning and Afternoon**

**How did you hear about us (check all that apply)?**     **Billboard**     **School Website**

- Family of Current Student - Name** \_\_\_\_\_
- Alumni**
- Other** \_\_\_\_\_

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