

CATHEDRAL EDUCATION CLUSTER  
ST. ANDREW SCHOOL  
2012 - 2013  
New Student Registration Form

Deposit
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 \$300 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    Yes    No	
Sibling Name		Sibling Birth Date	
Sibling Name		Sibling Birth Date	
Sibling Name		Sibling Birth Date	
Sibling Name		Sibling Birth Date	
Hispanic - Yes    No			
CIRCLE ONE: Black    White    Asian    Hawaii/Pacific Island    Native American    Multi-Racial    Unknown			
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?    Yes    No    If yes, which grade?			
Has the student ever had a psychological and/or psycho-educational evaluation?    Yes    No			
Date _____			
Does the student have an IEP (Individual Education Plan) or 504 Plan in place?    Yes    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?    Yes    No			
Description _____			
Has the student had any serious illness or hospitalization?    Yes    No    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**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>DAYTIME PHONE/CELL</b>

**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* \_\_\_\_\_