

# ST. PATRICK SCHOOL REGISTRATION 2018-2019 SCHOOL YEAR

In order to complete your child's registration as a NEW STUDENT, the parent must provide a copy of the following documents at one time. Your child is not registered until all documentation is submitted to the School Main Office.

(Paper copy only)

- PRE-K 3 \$200.00 Registration Fee Per child (Nonrefundable) Plus first 2 weeks of tuition for a total of \$ 534.00
- PRE-K 4 \$200.00 Registration Fee Per child (Nonrefundable) Plus first 2 weeks of tuition for a total of \$ 484.00
- Kindergarten - Grade 8 \$150.00 Registration Fee Per child (Nonrefundable)
- Check payable to Saint Patrick School due at time of submitting form.
- Copy of Child's Birth Certificate
- A copy of your child's up-to-date Immunizations/Health Records
- A completed 2018-2019 Tuition Option Form (FACTS)

**Please check:**

<b>Returning Family</b>	<b>New Family</b>
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<b>Entering Grade Level:</b>
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Student \_\_\_\_\_  
*(Last) (First) (Middle) (Nickname)*

Gender: Male / Female      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth \_\_\_\_\_  
*(Date of Birth) (City) (State) (Country)*

Address \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip)*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Ethnicity** (Circle):      Hispanic/Latino      Non-Hispanic/Latino

**Race** (Circle one or more) American Indian or Alaskan Native, Asian,  
Native Hawaiian or Other Pacific Islander, Black/African American, White

**Allergies** \_\_\_\_\_

**Our Registered Parish** \_\_\_\_\_

**Current School District** \_\_\_\_\_

My child will / will not require Bus Transportation from the local public school district.  
(circle)

**Current school child attends** \_\_\_\_\_

\*Parent must notify his/her current school for records request transfer to Saint Patrick School

**Student has the following Allergies:**

\_\_\_\_\_

**Father's Name/Guardian** \_\_\_\_\_

Address \_\_\_\_\_

(If same as student, write SAME)

Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Number \_\_\_\_\_

**Mother's Name/Guardian** \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

(If same as student, write SAME)

Religion \_\_\_\_\_ Country of Birth \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Number \_\_\_\_\_

**Home Situation:**

Two Biological Parents                      Mother/Stepfather                                      Father/Stepmother  
One Parent    Parents Separated/Divorced    Other \_\_\_\_\_  
Father deceased                                      Mother deceased

**Parental Rights:** (Case of separation or divorce) Please attach copy of court order.

Legal Custody:                      Joint                      Sole Mother / Father / Guardian  
Physical Custody:                      Joint                      Sole Mother / Father / Guardian

**Does your child currently have an IEP/504 or has any educational testing completed**

**Circle:** Yes / No If yes, Please provide a copy.

**Religious Documents required:**

Complete and provide a certificate copy to the School Office at the time of your Registration. Your registration will not be processed without the documents below. If N/A, please write it below.

- Date of Baptism / Place of Baptism:**\_\_\_\_\_
- Date of First Penance / Place of First Penance:**\_\_\_\_\_
- Date of First Eucharist / Place of First Eucharist:**\_\_\_\_\_
- Date of Confirmation / Place of Confirmation:**\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

