



Registration Form

For office use only: _____

Today's Date ____/____/____ Applying for Grade _____ School Year _____

Student's Legal Name _____ Male ___ Female ___
Last First Middle Initial

Student's Home Address _____
City/State Zip

Telephone Number(_____) _____ Date of Birth _____

Place of Birth _____ Student Social Security # XXX-XX- _____

Ethnic Background (Check one): Religion of child (Check one):
____ White ____ Asian ____ Catholic
____ Black ____ American Indian/Native Alaskan ____ Other _____
____ Hispanic ____ Pacific Islander (specify)
____ Multiracial ____ Haitian Name of Parish _____

Parent/Guardian Emails _____

Name(s) & Age(s) of Siblings _____

Indicate Pertinent Medical Information (eye/hearing disorder, asthma, allergies, etc.) _____

Are you aware of any psychological/educational/emotional concerns that would affect your child's academic success?

Yes ___ No ___ If yes, please specify _____

Does your child currently have a learning plan (IEP)? Yes ___ No ___ If so please attach to the form.

School the student currently attends _____

Is this student currently enrolled in CCD? Yes ___ No ___ If yes, where? _____

Roman Catholic Baptism _____

Date Name of Church City/State

Roman Catholic Communion _____

Date Name of Church City/State

If the student and/or parent have not received the Sacraments of Initiation (Baptism, First Communion, Confirmation) and would like to, please check here Yes ___ No ___

Parent Information

Father (if other, please specify _____) Mother (if other, please specify _____)

Name _____ Name _____

Last First Last First

Home Address _____ Home Address _____

Religion _____ Religion _____

Country of Birth _____ Country of Birth _____

Employed By _____ Employed By _____

Occupation _____ Occupation _____

Business Phone (_____) _____ Business Phone (_____) _____

Parent's Marital Status (Check one): Married ___ Divorced ___ Separated ___ Single ___ Widowed ___

Student Lives With (Check one): Mother ___ Father ___ Both ___ Mother/Stepfather ___ Father/Stepmother ___

Other (Please specify) _____

The school is authorized under Federal law to enroll nonimmigrant alien students. (8 C.F.R &214.3(j))

The State of Florida requires 680-A Immunization Form on file for all students, and a recent physical for all students.

Who recommended you to our school? Please provide name: _____