ST. JEROME CATHOLIC CHURCH & SCHOOL

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):
_____White _____Asian
_____Black _____American Indian/Native Alaskan
_____Hispanic _____Pacific Islander
_____Multiracial _____Haitian

Religion of child (Check one):
_____Catholic
_____ Other_____
(specify)

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 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_____)
Name_____
Last First
Home Address_____
Religion_____
Country of Birth_____
Employed By_____
Occupation_____
Business Phone (_____)_____

Mother (if other, please specify_____)
Name_____
Last First
Home Address_____
Religion_____
Country of Birth_____
Employed By_____
Occupation_____
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.