

St. Christopher School

Registration Form

Date _____

Grade _____

Referred by _____

Parish _____

There is a \$100 non-refundable fee required to register.

Student Information

NAME _____ M F
Last First Middle (Gender)

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

PLACE of BIRTH _____ DATE of BIRTH _____
City State Verified

RELIGION _____

Race (check one) White Black Hispanic American Indian Asian or Pacific Islander

Applicant lives with Both Parents Mother Father Guardian Other _____

Language in home other than English _____

Other children in the family: (Name/B-day) _____

Father/Guardian Information

NAME _____
Last First Middle

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ CELL PHONE _____

PLACE of BIRTH _____ DATE OF BIRTH _____
City State

RELIGION _____ EDUCATION (highest degree) _____

Current Marital status: Single Married Widowed Divorced

Place of Employment _____ Address _____

Occupation _____ Work Phone _____

Mother/Guardian Information

NAME _____ Maiden _____
Last First Middle

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ CELL PHONE _____

PLACE of BIRTH _____ DATE of BIRTH _____
City State

RELIGION _____ EDUCATION (highest degree) _____

Current Marital status: Single Married Widowed Divorced

Place of Employment _____ Address _____

Occupation _____ Work Phone _____

Registration of a new student does not guarantee admission.

Sacrament Information

Baptism	Date	Church	City	State	Zip
First Reconciliation	Date	Church	City	State	Zip
First Eucharist	Date	Church	City	State	Zip
Confirmation	Date	Church	City	State	Zip

Schools Attended

School	Name	Address	City, State	Zip	Grades attended
School	Name	Address	City, State	Zip	Grades attended
School	Name	Address	City, State	Zip	Grades attended
School	Name	Address	City, State	Zip	Grades attended

Special Needs/Behavior/Testing Information

In order to assist us in meeting your child's education needs please complete the following questions:

Has applicant been recommended for any accelerated programs? Yes No If yes, in what subject areas _____

Has applicant participated in any accelerated programs? Yes No If yes, in what subject areas _____

Has applicant been evaluated or tested for any special needs and/or learning disabilities? Yes No Type of disability: _____
If yes, in what areas _____

Does applicant have physical (speech, vision, hearing, etc.) limitations that would affect his/her academic performance? Yes No
If yes, in what areas _____

Does the applicant qualify for Special Education services? Yes No If yes, in what areas _____

Does the applicant have a current ISP? Yes No

Has the applicant repeated any grades? Yes No If yes, in what grade level(s) _____ Reason: _____

Does the applicant need accommodations and/or assistance with social behaviors? Yes No
If yes, in what areas _____

Comments: (use separate sheet if necessary)

Statement of Commitment

Submission of this application serves as the parent's/guardian's commitment and agreement to be governed by the polies and procedures outlined in the St. Christopher School Handbook during the time your child is enrolled in the school. Online at www.stchristopherschoolRR.com.

The information provided by me on this application is accurate to the best of my knowledge. I understand that any misrepresentation will nullify this application for admission and if accepted to St. Christopher school could result on dismissal.

Father/Guardian	Date	Mother/Guardian	Date
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