



New Student Registration Form

(*Please Note: Registration of a new student does not guarantee admission)

If registering a new student for Pre-Kindergarten, please check the option of your choice. For Grades K thru 8, please write in the grade level.

Pre-K 3Year Old Full Day (*3 Days a week) Half Day (*5 Days a week) Full Day (5 Days a week)

Pre-K 4Year Old Half Day (*5 Days a week) Full Day (5 Days a week)

***Please Note: The 3 day program is on Monday, Wednesday, and Friday. All half day programs end at 11:15 a.m.**

Grade (Kindergarten thru 8) _____

Parish _____ Referred by _____

STUDENT INFORMATION

NAME _____ M F
LAST FIRST MIDDLE (GENDER)

PREFERS TO BE CALLED: _____

ADDRESS _____ PHONE () _____
STREET CITY STATE ZIP

PLACE OF BIRTH _____ DATE OF BIRTH ____/____/____ RELIGION _____

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

Applicant lives with Both parents Mother Father Guardian Other _____

Language in home other than English _____ Ages of other children in the family: Boys _____ Girls _____

FATHER/GUARDIAN DATA

NAME _____
Last First Middle

ADDRESS _____ PHONE Home () _____
Street City State Zip Cell () _____

Education (highest degree) _____ E-mail _____

Current Marital: Single Married Widowed Divorced

Date of birth _____ Place of birth _____ Religion _____

Place of employment _____ Address _____

Occupation _____ Phone () _____

MOTHER/GUARDIAN DATA

NAME _____
Last First Middle

ADDRESS _____ PHONE Home () _____
Street City State Zip Cell () _____

Education (highest degree) _____ E-mail _____

Current Marital: Single Married Widowed Divorced

Date of birth _____ Place of birth _____ Religion _____

Place of employment _____ Address _____

Occupation _____ Phone () _____

We must have copies of child's **BIRTH CERTIFICATE, CURRENT IMMUNIZATION CERTIFICATE, and, if Catholic, BAPTISMAL CERTIFICATE.**

(Please complete other side)

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 _____

SPECIAL NEEDS/BEHAVIOR/TESTING INFORMATION

In order to assist us in meeting your child's educational 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

If yes, in what areas _____

Does the applicant have physical (speech, vision, hearing, etc.) limitations that would affect his/her academic performance? YES NO
Type of disability _____

If yes, in what areas _____

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

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:

STATEMENT OF COMMITMENT

Submission of this application serves as the parents/guardians' commitment and agreement to be governed by the policies and procedures outlined in the St. Leo School Handbook during the time your child is enrolled in the school. The handbook can be accessed on-line at the following website: www.saintleoky.org

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. Leo School, could result in dismissal.

Father/Guardian

Date

Mother/Guardian

Date