



NEW STUDENT REGISTRATION FORM

(Please note: registration of a new student does not guarantee admission.)

STUDENT

GRADE _____ FOR PRE-K*, SELECT: 3 Full 3 Half 5 Full 5 Half

If your selection is unavailable, would you consider another option (ex. if 5 Half is unavailable, 3 Full)? If so _____

*Subject to availability. The 3-day program is on Monday, Wednesday and Friday. The half-day program ends at 11:00 am.

NAME _____

Last First Middle Preferred

ADDRESS _____

City State Zip

DOB ____ / ____ / ____ GENDER _____ RACE _____

RELIGION _____ PARISH _____

Applicant lives with: Both Parents Mother Father Guardian(s) Other _____

Ages of other children in the family: Boys _____ Girls _____

Language in home other than English _____ Prefers Communications in: English Spanish Both

FATHER/GUARDIAN

NAME _____

Last First Middle

ADDRESS _____

City State Zip

PHONE (____) (____) (____)

Home

Cell

Work

E-MAIL _____

CURRENT MARITAL (Circle): Single Married Divorced Widowed

RELIGION _____ PARISH _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

MOTHER/GUARDIAN

NAME _____

Last First Middle

ADDRESS _____

City State Zip

PHONE (____) (____) (____)

Home

Cell

Work

E-MAIL _____

CURRENT MARITAL (Circle): Single Married Divorced Widowed

RELIGION _____ PARISH _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

OFFICE USE ONLY

Updated 11/11/2020

DATE RECEIVED _____ CHECK OR CASH RECEIPT # _____

STAFF? Y N PARISHIONER # _____

START DATE _____ IF PRE-K, PK3 OR PK4? _____

BIRTH CERTIFICATE BAPTISMAL CERTIFICATE IMMUNIZATION CERTIFICATE

Please complete other side

SACRAMENTS**BAPTISM**

Date	Church	City	State
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FIRST RECONCILIATION

Date	Church	City	State
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FIRST EUCHARIST

Date	Church	City	State
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CONFIRMATION

Date	Church	City	State
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SCHOOLS ATTENDED

School	Grades Attended
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Address	City	State
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School	Grades Attended
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Address	City	State
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School	Grades Attended
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Address	City	State
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SPECIAL NEEDS/BEHAVIOR/TESTING

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? Y N If yes, in what subjects _____

Has applicant participated in any accelerated programs? Y N If yes, in what subjects _____

Has applicant been evaluated or tested for any special needs and/or learning disabilities? Y N

If yes, in what areas _____
(Type of disability)

Does the applicant have physical (speech, vision, hearing, etc.) limitations that would affect his/her academic performance? Y N

If yes, in what areas _____

Does the applicant qualify for Special Education services? Y N If yes, in what areas _____

Has the applicant repeated any grades? Y N If yes, what grade(s) _____ Reason _____

Does the applicant need accommodations and/or assistance with social behaviors? Y N

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. The Handbook may be accessed online: <http://saintleoky.org/>.

The information provided 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