



Assumption Catholic School

Ukrainian Catholic Church of the Assumption

FAMILY/STUDENT INFORMATION FORM

Date: _____

Middle: _____ Last: _____

To whom it may concern: Date of Birth: ____/____/____ Birth Place: _____

_____ is now enrolled at Assumption Catholic School, 380 Meredith Street, Perth Amboy, New Jersey 08861. Please send us the following information as soon as possible.

- Academic Records
- Health Records
- Permanent Health Record - Form A45
- Achievement Test Results
- Confidential Records (IEP)
- Child Study Team Records
- Discipline Records

| | | | | | |
|-------|------------------|----------|-----------------------|-----------|--------------|
| Asian | African American | Hispanic | Hawaiian/Pacific Isl. | Caucasian | Multi-Racial |
|-------|------------------|----------|-----------------------|-----------|--------------|

I give permission for _____ (Former School) to release the records

_____ (Former School Address)

_____ (Former School City, State, zip code)

of _____ to Assumption Catholic School.

Parent signature: _____ Date: _____

Additional information to complete registration:

Health Records (A45 form): _____ Physical: _____ Immunization: _____ Birth Certificate: _____

Discipline Certificate: _____ Academic Records from previous school: _____

_____ HoneyWell _____ Family List: _____ PowerSchool: _____