

Registration Date: _____

ASSUMPTION CATHOLIC SCHOOL FAMILY/STUDENT INFORMATION FORM

Personal Information

Student Name:

First: _____ Middle: _____ Last: _____

Grade: _____ Age: _____ Date of Birth: ____/____/____ Birth Place: _____

Male: _____ Female: _____ Country of Citizenship: _____

Resident School District: _____

Ethnicity/Religion	Native American	Asian	African American	Hispanic	Hawaiian/Pacific Isl.	Caucasian	Multi-Racial
Catholic							
Non-Catholic							

Check what best describes the student's home situation:

Resides with both parents

Resides with mother

Resides with father

Resides with guardian - Name: _____ Relationship: _____

* provide legal documents if there is an issue the school should be aware of.

School Information:

Name and address of school last attended: _____

Circle any special services the student received:

SPEECH

ESL

MATH

READING

SUPPLEMENTAL ED

TITLE 1

Copy of IEP and meeting with Principal is required to discuss available accommodations.

Sacramental History: Religion: _____

Parish Affiliation: Church Name and City _____

Baptism Date: _____ First Communion Date: _____

Confirmation Date: _____ First Penance Date: _____

Required information to complete Registration:

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

Baptismal Certificate: _____ Academic Records from previous school: _____

SMART: _____ HoneyWell: _____ Family List: _____ PowerSchool: _____

Registration Date: _____

Mother's Information:

Last Name _____ First Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Address of Employment: _____

Religion, Rite, Church Affiliation: _____

Phone Numbers:

Home: _____ Cell: _____

Work: _____ E-Mail Address: _____

Father's Information:

Last Name _____ First Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Address of Employment: _____

Religion, Rite, Church Affiliation: _____

Phone Numbers:

Home: _____ Cell: _____

Work: _____ E-Mail Address: _____

Sibling Information:

1. Name: _____ Grade: _____ Date of Birth: ____/____/____

2. Name: _____ Grade: _____ Date of Birth: ____/____/____

3. Name: _____ Grade: _____ Date of Birth: ____/____/____