

# SAINT TERESA OF AVILA REGISTRATION FORM

Prekindergarten: 3 or 4 \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Grade 1-8  
Kindergarten \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Full Day

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S.#: \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone(s): \_\_\_\_\_  
Email Address \_\_\_\_\_  
Parish \_\_\_\_\_

Father's Name	Religion	Education	Occupation
_____	_____	_____	_____
Mother's Maiden Name	Religion	Education	Occupation
_____	_____	_____	_____
Guardian's Name (If applicable)	Religion	Education	Occupation
_____	_____	_____	_____

Number of Children in Family: Boys \_\_\_\_ Older \_\_\_\_ Younger \_\_\_\_ Girls \_\_\_\_ Older \_\_\_\_ Younger

Sacrament Record: Baptism Penance Eucharist Confirmation

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

School District: \_\_\_\_\_ Child Will Ride the Bus \_\_\_\_\_ Yes \_\_\_\_\_ No

If Transferring, Name and Address of School \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

(over)

If Child Is Registering For Kindergarten, Did He/She Attend Prekindergarten? \_\_\_\_\_No \_\_\_\_\_Yes  
If Yes, Where \_\_\_\_\_ How Long \_\_\_\_\_

Required for Registration To Be Considered Complete:

- |   |   |
|---|---|
| _____ Birth Certificate   | _____ Release of Records Form Signed                              |
| _____ Baptismal Certificate                                     | _____ Parish School Registration/Tuition Agreement Form Completed |
| _____ Current Immunization                                      | _____ Student Discipline Record (Gr. 1-8)                         |
| _____ Social Security   | _____ Grade Entering  |
| _____ Memorandum of Understanding                               | _____ Registration Fee \$150. (Non-Refundable)                    |
| _____ Pastor Verification Form (if Applicable)                  | _____ Home Language Survey  |
| _____ <u>Copy</u> of Latest Standardized Scores and Report Card |   |

\_\_\_\_\_ I/We understand that all new students are on probation for the first nine weeks

\_\_\_\_\_ ALL required information must be received before acceptance is approved

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Parent/Guardian Signature

Date