

SAINT TERESA OF AVILA REGISTRATION FORM

PREKINDERGARTEN: _____ A.M. _____ P.M. _____ GRADE 1-8
KINDERGARTEN _____ A.M. _____ P.M. _____ FULL DAY

NAME _____ DATE OF BIRTH _____ S.S.# _____

HOME ADDRESS _____ PHONE# _____ SCHOOL DISTRICT _____

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 EUCCHARIST CONFIRMATION

DATE: _____

CHURCH: _____

CITY/STATE: _____

SCHOOL DISTRICT: _____ CHILD WILL RIDE THE BUS _____ YES _____ NO

IF TRANSFERRING, NAME AND ADDRESS OF SCHOOL _____ (OVER)

ALLERGIES: _____ MEDICATION _____

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

_____BAPTISMAL CERTIFICATE

_____CURRENT IMMUNIZATION

_____SOCIAL SECURITY

_____MEMORANDUM OF UNDERSTANDING

_____PASTOR VERIFICATION FORM (IF APPLICABLE)

_____COPY OF LATEST STANDARDIZED SCORES

_____RELEASE OF RECORDS FORM SIGNED

_____PARISH SCHOOL REGISTRATION/TUITION AGREEMENT FORM COMPLETED

_____REGISTRATION FEE (NON-REFUNDABLE)

_____STUDENT DISCIPLINE RECORD (Gr. 1-8)

_____GRADE ENTERING

PARENT/GUARDIAN SIGNATURE

DATE