



**STUDENT REGISTRATION FORM for Preschool—Grade 8**

Student First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Phone confidential/unlisted? Yes No Student’s Primary Language \_\_\_\_\_

Siblings: \_\_\_\_\_

**Parent/Guardian Information**

Parent First/Last Name: \_\_\_\_\_ Parent First/Last Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension # \_\_\_\_\_ Work Phone: \_\_\_\_\_ Extension # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Additional Parent/Guardian(s) Information (different address than student)**

Parent First/Last Name: \_\_\_\_\_ Parent First/Last Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension # \_\_\_\_\_ Work Phone: \_\_\_\_\_ Extension # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

**Other Information**

Parent Marital Status: Religion: \_\_\_\_\_ Date of First Eucharist: \_\_\_\_\_

Married Single Name of Parish \_\_\_\_\_ Place: \_\_\_\_\_

Divorced Separated Date of Baptism: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Widow Place of Baptism: \_\_\_\_\_ Place: \_\_\_\_\_

Student/Family has Parish Membership? Date of Reconciliation: \_\_\_\_\_

Yes No Place: \_\_\_\_\_

## Federal Requirements: Race/Ethnicity

**Additional federal Race/Ethnicity categories are required beginning 2009-2010 school year.**

Mark the box YES or NO in Part A below. More than one box may be marked in Part B.

**Part A**—Is the student (or are you ) Hispanic/Latino? (choose only one)

- NO, Not Hispanic/Latino
- YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regard less of race.)

The above part of the question is about **ethnicity**, not race. No matter what you selected above, **please continue to answer the following by marking one or more boxes to indicate what you consider our student's (or your) race to be.**

**Part B**— What is the student's (or your) race?

- 1— American Indian/Alaska Native** (A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- 2—Asian** (A person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- 3—Black/African American** (A person having origins in any of the black racial groups of Africa)
- 4—Native Hawaiian/Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- 5—White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

## Previous School Enrollment

**Previous school attended (most recent):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

This was a (**Please circle one**):

MN Public School ~ Public School Outside MN ~ Home School ~ Private School ~ Online/Distance Learning School

## Census Information

Do you have **pre-school aged children (0-6 years of age)** in your family who do not yet attend school?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete the **Child Accounting Form**.

## Medical and Additional Information

Does student have a medical condition/allergies/special diet the school should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

If your child has allergies or special diet concerns please complete form in the school office.

Any additional information you feel the school staff should be aware of: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## Contacts For Emergency and Authorized Pick-Up Person

**Contact #1**

Relationship \_\_\_\_\_

Name: \_\_\_\_\_

**Contact #2**

Work Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

**Contact #3**

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_