

**STUDENT REGISTRATION FORM for Kindergarten Prep and Kindergarten—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:

Married Single Religion: _____ Date of Reconciliation: _____

Divorced Separated Name of Parish: _____ Place: _____

Widow

Were you referred by another Holy Rosary School Family? Yes No Date of Baptism: _____ Date of First Eucharist: _____

Place of Baptism: _____ Place: _____

If so, whom? _____

Please turn page over to complete the back side of this form

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, regardless 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: _____

Fax: _____ 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 OTHER THAN YOURSELF (Parents will be contacted first)

Contact #1

Name: _____

Work Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Relationship _____

Contact #2

Name: _____

Work Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Relationship _____

Contact #3

Name: _____

Work Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Relationship _____