

Registration Application

Today's Date: \_\_\_\_\_



There is a onetime, non-refundable, registration fee of \$100.00 per family.  
Students entering Kindergarten must be 5 years of age on or before the 1<sup>st</sup> of September.  
Students entering 4 year preschool must be 4 years of age on or before the 1<sup>st</sup> of September.  
Students entering 3 year preschool must be 3 years of age on or before the 1<sup>st</sup> of September.

All registrations are subject to approval by the pastor and principal. All registration forms must be accompanied by the appropriate paper work.

**STUDENT DATA**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First Middle M F

What name does your child prefer to be called: \_\_\_\_\_ Entering Grade: (for preschool mark P3 or P4: \_\_\_\_\_

Address: \_\_\_\_\_ Development (if applicable): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Primary E-mail (Please print very clearly): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age as of September 1: \_\_\_\_\_

Please mark the public school district in which you reside and which elementary building your child would attend if not enrolled at St. Gregory:

District: \_\_\_\_\_ Building: \_\_\_\_\_

Student's Religion: \_\_\_\_\_ If Catholic, list parish: \_\_\_\_\_

Ethnicity:  Caucasian  African-American  American Indian-Native Alaska  Asian  Hawaii-Pacific Island  Hispanic  Multi Racial

Current School (if any): \_\_\_\_\_ Address of Current School: \_\_\_\_\_

**TRANSPORTATION:** Child will be a:

Car Rider

Bus Rider

Walker

**FAMILY DATA**

Father (Last, First): \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
E-Mail (optional): \_\_\_\_\_  
Religion: \_\_\_\_\_  
Parish where registered: \_\_\_\_\_

Mother (Last, First / Maiden): \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
E-Mail (optional): \_\_\_\_\_  
Religion: \_\_\_\_\_  
Parish where registered: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  Acceptance Information  Registration Form  Registration Fee # \_\_\_\_\_  
 Immunization Records  Birth Certificate  Baptism Certificate (unless baptized at St. Gregory)  
 Emergency Information Form  Health History Form  Pastor Verification  
 Academic Records  Discipline Records  Psychological Report (if applicable)

**Please see reverse.**

**FAMILY DATA CONTINUED**

Student resides with:  Both Parents     Mother Only     Father Only     Joint Custody     Other  
Parents marital status:  Married     Separated     Divorced     Widowed     Single Parent  
Student's legal guardian (if other than parent): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

*Custody: A legal document stating guardianship must be provided in cases of divorce with sole and/or shared custody.*

Please list all siblings: (even those not attending St. Gregory)

Name:	Gender:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SACRAMENTAL INFORMATION:**

	Date:	Church:	Address of Church:
Baptism	_____	_____	_____
First Reconciliation	_____	_____	_____
First Holy Communion	_____	_____	_____
Confirmation	_____	_____	_____

**EMERGENCY CONTACT INFORMATION:** (in case a parent cannot be reached)

Emergency Contact A: Name: _____ Relation: _____ Home Phone: _____ Cell Phone: _____
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Emergency Contact B: Name: _____ Relation: _____ Home Phone: _____ Cell Phone: _____
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**PICK UP LIST**

Please list any person who is permitted to pick your child/ren up from school.

_____	_____
_____	_____
_____	_____

Is there anything else we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order to provide the best education possible for your child, please complete the following:**

Has your child ever:

1. Had a psychological evaluation?  Yes  No
  
2. Been diagnosed with any of the following?  Yes  No If yes, please check all that apply.  
 LD (Learning Disability)  ADD (Attention Deficit Disorder)  ADHD (Attention Deficit Hyperactive Disorder)  
 ASD (Autism Spectrum Disorder)  ODD (Oppositional Defiant Disorder)  Other  
Does your child take medication associated with this diagnosis?  Yes  No  
If yes, please specify: \_\_\_\_\_
  
3. Received any of the following services?  Yes  No If yes, please check all that apply.  
 Counseling  Emotional Support  Gifted Support  Remedial Math  Remedial Reading  
 Speech / Language  Project Dart  Learning Support  Other
  
4. Had or been recommended for an IEP?  Yes  No If yes, what is the disability? \_\_\_\_\_  
Please submit a copy of the IEP.
  
5. Been diagnosed with a medical condition that the school should be aware of?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
6. Repeated a grade.  Yes  No If yes, which grade? \_\_\_\_\_  
Why? \_\_\_\_\_
  
7. Received a suspension from school?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
  
8. Been asked to leave a school?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
  
9. Been expelled from school?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this Application Packet with a non-refundable registration fee of \$100 made payable to St. Gregory School.

In order for a student to be accepted and registration finalized, all documentation as noted on the bottom of the first page must be submitted.

New students are accepted on a probationary basis. New students and their families should be cognizant of, and willing to comply with, all school expectations. If problems arise during the probationary period, which have not been resolved, the student will be required to transfer out.