

**ST. PATRICK SCHOOL
NEW STUDENT REGISTRATION FORM
2020-2021 SCHOOL YEAR**

Grade in August _____
Pre K –Full day _____
Pre K –Half day _____

- **PRE-K3 \$150 PER CHILD NON-REFUNDABLE REGISTRATION FEE PLUS FIRST 2 WEEKS TUITION.**
- **PRE-K4 \$150 PER CHILD NON-REFUNDABLE REGISTRATION FEE PLUS FIRST 2 WEEKS TUITION.**
- **NEW STUDENTS GRADES K-8 \$150 PER CHILD NON-REFUNDABLE REGISTRATION FEE**

Student Name _____
(Last) (First) (Middle) (Nickname)

Gender: Male _____/_____/_____ Place of Birth _____
 Female Date of Birth _____ (City) _____ (State) _____ (Country)

Address _____
(Street Address)
 _____ (City) _____ (State) _____ (Zip)

Home Phone _____
 May we publish phone # in our directory? Yes No

Parish _____ School District _____

Ethnicity (choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Race (choose one or more, regardless of ethnicity) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White
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Father's Name/Guardian _____

Address _____
(If same as student, write SAME)

Religion _____ Country of Birth _____

Email _____ Cell Number _____

Employer Name _____ Work Number _____

Mother's Name/Guardian _____ Maiden Name _____

Address _____
(If same as student, write SAME)

Religion _____ Country of Birth _____

Email _____ Cell Number _____

Employer Name _____ Work Number _____

Home Situation:
 Two Biological Parents Mother/Stepfather Father/Stepmother
 One Parent Parents Separated/Divorced Other _____
 Father deceased Mother deceased

Parental Rights- in case of separation or divorce. Please attach copy of court order.
 Legal Custody: Joint Sole Mother Father Guardian
 Physical Custody: Joint Sole

Name & Address of person responsible for Tuition if other than Parents: _____

FOR OFFICE USE ONLY	
Registration <input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/> Birth Certificate
Date paid _____	<input type="checkbox"/> Baptismal Certificate
Tuition <input type="checkbox"/> Full payment <input type="checkbox"/> ½ payment <input type="checkbox"/> FACTS	<input type="checkbox"/> Immunization Records

Student Name _____ Grade _____

Allergies _____

Present school child attends: _____

Does your child currently have an IEP/504 or has any testing been done _____
If yes, please provide a copy of the report.

Date and Place of Baptism: _____

Date and Place of First Penance: _____

Date and Place of First Eucharist: _____

Date and Place of Confirmation: _____

**The following documents must be submitted in order for your registration to be complete.
Registrations will not be processed until all documents and fees are submitted.**

A completed 2020-2021 Registration Form

A completed 2020-2021 Registration Fee and Tuition Option Form (FACTS)

A copy of your child's birth certificate

A copy of your child's Baptismal certificate

A copy of your child's up-to-date immunizations

Parent/Guardian Signature

Date