



SCHOOL REGISTRATION FORM

The St. Francis de Sales School recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of gender, race, ethnicity, religious affiliation (Diocesan Policy #5110.0).

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

Last 4 digits of Social Security No. - _____ Grade: _____ Date: ____/____/____

Parish: _____ Length of Membership: _____

Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/>	SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	BIRTHDATE ____/____/____	BIRTHPLACE _____, _____ CITY STATE
--	---	---------------------------------	--

RACE: White, not Hispanic Black, not Hispanic Hispanic *(You are not required to answer this question)*
 Asian Pacific Islander American Indian/Alaskan Native Multi-racial

FAMILY:

FATHER/GUARDIAN	BIRTHPLACE	RELIGION	BUSINESS PHONE	PLACE OF OCCUPATION	OCCUPATION
HOME ADDRESS			HOME PHONE	CELL PHONE	EDUCATION
CITY		ZIP CODE			

MOTHER/GUARDIAN	BIRTHPLACE	RELIGION	BUSINESS PHONE	PLACE OF OCCUPATION	OCCUPATION
HOME ADDRESS			HOME PHONE	CELL PHONE	EDUCATION
CITY		ZIP CODE			

HOMESTATUS:

Check if any apply: <input type="checkbox"/> Parents Separated <input type="checkbox"/> Single <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased	CUSTODIAL PARENT IS: <input type="checkbox"/> Father <input type="checkbox"/> Shared Parenting <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father Other: _____	NO. OF CHILDREN IN FAMILY: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="2">Boys</th> <th colspan="2">Girls</th> </tr> <tr> <th>Older</th> <th>Younger</th> <th>Older</th> <th>Younger</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Boys		Girls		Older	Younger	Older	Younger				
Boys		Girls												
Older	Younger	Older	Younger											

If separated or divorced, a copy of custody papers has been provided to school.

Name & Address of Last School attended: _____

SACRAMENTS:

BAPTISM						
FIRST COMMUNION						
PENANCE						
CONFIRMAITON						
	MO.	DAY	YEAR	CHURCH	CITY	STATE

STUDENT INFORMATION SHEET

This information is **CONFIDENTIAL** and will only be used to assist in placement of your child.

A. IDENTIFYING DATA

Child's Name _____ DOB _____ Age _____ Sex _____

Address _____ Phone _____
(Street) (City) (Zip)

B. EDUCATIONAL HISTORY

- If your child was not attending St. Francis, what Public School would they be attending?

- Previous Schools Attended
Name _____ How Long? _____
Name _____ How Long? _____
Has your child been retained? ___ Yes ___ No If yes, what grade _____

Past school and/or health services received	Tutoring	Daily Medication
___ Previous Psychological Evaluation	___ Math	___ Asthma
___ 504 Plan	___ Reading	___ Allergies
___ Counseling	___ Other	___ Diabetes
___ IEP (specify) _____		___ ADD or ADHD
		___ Other _____

FAMILY INFORMATION

Siblings _____ **Age** _____ **Grade** _____
 _____ **Age** _____ **Grade** _____
 _____ **Age** _____ **Grade** _____

C. GENERAL INFORMATION

What do you see as your child's strengths?

What do you see as your child's weaknesses?

Is there anything else we need to know about your child to make this a successful transition?

Must provide to school office:

- | | |
|--|---|
| Copies of: <input type="checkbox"/> Birth certificate | <input type="checkbox"/> First Communion Certificate |
| <input type="checkbox"/> Baptismal certificate
<i>(If not baptized at St. Francis Church)</i> | <input type="checkbox"/> Penance Certificate |
| <input type="checkbox"/> Shot Records | <input type="checkbox"/> Social Security Card |
| | <input type="checkbox"/> Copies of ALL custodial agreements |

How did you hear about us?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Letter from the Principal | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____ |