



# Grades 1 – 8 Registration Form

\$75 Reg. Fee \_\_\_\_\_

*Surrounded by love, our children grow . . .*

Date of Application \_\_\_\_\_

Student's Name \_\_\_\_\_ Circle M / F  
First Middle Last

Home Address \_\_\_\_\_ Tel. # \_\_\_\_\_  
Street City ZIP

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race/Ethnicity: African American Asian Hispanic Latino Native American White

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ e-mail \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Cell# \_\_\_\_\_ Work # \_\_\_\_\_ e-mail \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Child is: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Baptized: yes \_\_\_\_\_ no \_\_\_\_\_

Parents are registered members of \_\_\_\_\_  
Name of Church City/Town

We request that our child's name be submitted to our pastor for financial sponsorship. **Yes No**

My child is insured by: \_\_\_\_\_ Not insured: \_\_\_\_\_  
Name of Insurance Provider

Most recent school attended: \_\_\_\_\_  
Name of School City / Town

Registering for Grade \_\_\_\_\_ My child currently has:  
An Individualized Education Plan \_\_\_\_\_  
A 504 accommodation Plan \_\_\_\_\_  
A diagnosed Learning Disability \_\_\_\_\_  
Other \_\_\_\_\_  
None of the above \_\_\_\_\_

Individual(s) responsible for payment of tuition: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_