

5K PREFERENCE:

- Part Time
- Full Day

4K PREFERENCE:

- 3-day AM
- 5-day AM
- Full Day



**STUDENT
REGISTRATION
FORM
2010 – 2011**

Office Use Only

Date _____ Ck# _____
 Reg. Fee _____ Spanish Fee _____
 Materials Fee _____
 Pledge Card Filed in Parish Office _____
 Date of 1st Day: _____

Grade Entering: _____

Student's Name: _____
Last First Middle (Nickname)

Male: _____ Female: _____ Ethnic Background: _____
(African-American • American Indian • Asian • Caucasian • Hispanic)

Student's Address: _____ Date of Birth: _____
Number and Street Month Day Year

_____ City/State of Birth: _____
City State Zip

Home Phone Number: _____
Area Code

Is Student living with both Parents? Yes No

If **No**, please complete Confidential Family / Student Information form.

Language(s) spoken at home: _____

Please list the Names and Ages of Brothers and Sisters. If any attended St. Al's, please enter the dates:

Did either parent attend St. Alphonse School? Yes No If Yes, enter Family Name: _____

NAME OF MOST RECENT SCHOOL STUDENT ATTENDED, DATES ATTENDED, COMPLETE ADDRESS

Has your child ever been evaluated for Special Education Needs? Yes No Uncertain

CHILD'S RELIGION: _____

SACRAMENT RECORDS: BAPTISM

FIRST EUCHARIST

FIRST RECONCILIATION

Date: _____

Church: _____

City/State: _____

I understand that new students are admitted to St. Alphonse School for a Probationary Period which allows the School the opportunity to determine whether programs can adequately meet the needs of my child.

Parent Signature: _____

Date: _____