St. Viator Parish School

Student Registration Form

Academic Year 2024-2025

-amily Name:			Student ID:	Grade: ROUM:	
		Student I	nformation ——		
Plant No.		RAS-LIT - NI		B	
First Name		Middle Name	Last Name	Prefers to be calle	ea
Gender	BirthDate	Birth P	lace: City, State, Count	y Child Lives With	
Social Security	Number	Home Phone	Mother's Cell Pi	none Father's Celi Phone	
Parent Primary	Email Address	Street Address	<u> </u>	City State Zip	
	student have an II- tach information to		lergies () Yes () No Student Ethnic Racia	Illness Disability O Yes O N	olo
□ Reading 🗖 M	ath □ Speech □ C	cial Education Services Other Ining Support Services	? ☐ American Indian ☐ Asian ☐ Black or African Am	☐ Hawaiian or Pacific Islan☐ Hispanic or Latino☐ Two or more races	nder
	If yes, list subjects:			t home:	
Does/has stud	ent have an IEP?	O Yes O No Do	es your student perfo	orm at grade level? O Yes C	) No
r yes, piease att	tach Information to	this application.			
,		Student Sacra	amental Record -	· · · · · · · · · · · · · · · · · · ·	
Student's Religion		Church or	Place of Worship	Location	
	aptismal Date		Church	Location	
<b>D</b>	aptisiilai Date		Charch	Location	
Rec	onciliation Date	Church or	Place of Worship	Location	
			•		
First Communion Date		Church or	Place of Worship	Location	
		Other In	formation ———		
Academic I	nformation	Other III		nool Year 2024-2025	
	School Transfe	uuin a Fua va	Grade	Applying for:	
	School Hallsle	ing rom	Regis	tration Date:	
	Address	3	Reco	rd Requested:	
		——————————————————————————————————————		nch student application, please pr	rovio
C	ity	State Zip		Legal Birth Certificate mmunization Record	
Sibling information			• 5	Social Security Card	
-		•	• ]	Baptismal Certificate First Communion Certificate	
Sibline	g Name	Current Schoo	• (	Current & past year's report card Standardized test scores	
			• j	Provide description of any special learn	ing -
Olbita	a Nome	O	• ]	physical disability EP, if applicable	
Sibilin	g Name	Current Schoo	ı Gı. • ,	Application Fee (\$50) rekindergarten also needs:	
	···	-	• <u>]</u>	Health Statement	
Sibline	g Name	Current Schoo	l Gr. ∙]	Notification of NRS, 178	