

Family Name: _____ Student ID: _____ Grade: ____ Room: ____ JH: ____

Student Information

First Name _____ Middle Name _____ Last Name _____ Prefers to be called _____

Gender _____ BirthDate _____ Birth Place: City, State, Country _____ Child Lives With _____

Social Security Number _____ Home Phone _____ Mother's Cell Phone _____ Father's Cell Phone _____

Parent Primary Email Address _____ Street Address _____ City _____ State _____ Zip _____

Does/has the student have an IHP? Yes No Allergies Yes No Illness Disability Yes No
 If yes, please attach information to this application.

Does/has student received Special Education Services?

Reading Math Speech Other _____

Does/has student received Learning Support Services?

Yes No If yes, list subjects: _____

Does/has student have an IEP? Yes No

If yes, please attach information to this application.

Student Ethnic Racial Background:

- American Indian
- Asian
- Black or African American
- Caucasian-white
- Hawaiian or Pacific Islander
- Hispanic or Latino
- Two or more races

Languages spoken at home: _____

Student Sacramental Record

Student's Religion _____

Church or Place of Worship _____

Location _____

Baptismal Date _____

Church or Place of Worship _____

Location _____

Reconciliation Date _____

Church or Place of Worship _____

Location _____

First Communion Date _____

Church or Place of Worship _____

Location _____

Academic Information

School Transferring From _____

Address _____

City _____

State _____

Zip _____

Sibling information

Sibling Name _____

Current School _____

Gr. _____

Sibling Name _____

Current School _____

Gr. _____

Sibling Name _____

Current School _____

Gr. _____

Other Information

School Year 2019-2020

Grade Applying for: _____

Registration Date: _____

Record Requested: _____

For each student application, please provide:

- Legal Birth Certificate
- Immunization Record
- Social Security Card
- Baptismal Certificate
- First Communion Certificate
- Current & past year's report card
- Standardized test scores
- Provide description of any special learning or physical disability
- IEP, if applicable
- Application Fee (\$50)
- Prekindergarten also needs:**
 - Health Statement
 - Notification of NRS. 178