

Family Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

### 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?**    **Student Ethnic Racial Background:**  
 Reading    Math    Speech    Other \_\_\_\_\_  
 American Indian                       Hawaiian or Pacific Islander  
 Asian     Hispanic or Latino  
 Black or African American    Two or more races  
 Caucasian-white

**Does/has student received Learning Support Services?**    **Languages spoken at home:**  
 Yes  No    If yes, list subjects: \_\_\_\_\_  
 If yes, please attach information to this application.    \_\_\_\_\_

### Student Sacramental Record

Student's Religion	Church or Place of Worship	Location
Baptismal Date	Church	Location
Reconciliation Date	Church or Place of Worship	Location
First Communion Date	Church or Place of Worship	Location

### Other Information

<b>Academic Information</b>	<b>School Year 2022-2023</b>
School Transferring From	Grade Applying for: _____
Address	Registration Date: _____
City                      State                      Zip	Record Requested: _____
<b>Sibling information</b>	<b>For each student application, please provide:</b>
Sibling Name                      Current School                      Gr.	<ul style="list-style-type: none"> <li>• Legal Birth Certificate</li> <li>• Immunization Record</li> <li>• Social Security Card</li> <li>• Baptismal Certificate</li> <li>• First Communion Certificate</li> <li>• Current &amp; past year's report card</li> <li>• Standardized test scores</li> <li>• Provide description of any special learning or physical disability</li> <li>• IEP, if applicable</li> <li>• Application Fee (\$50)</li> </ul>
Sibling Name                      Current School                      Gr.	<b>Prekindergarten also needs:</b>
Sibling Name                      Current School                      Gr.	<ul style="list-style-type: none"> <li>• Health Statement</li> <li>• Notification of NRS. 178</li> </ul>