

St. Ferdinand School Registration form | 2018-19 School Year

There is a \$100 non-refundable registration fee per family
Tuition contracts need to be signed before registration and enrollment is final

| OFFICE USE ONLY: REGISTRATION DATE: | START DATE: | | FEE RECEIVED: | GRADE: |
|--|---------------------|------------------|--|-------------------------------|
| REGISTERED ST. FERDINAND PAR | RISHIONER: | YES | ST. FERDINAND ENVELOPE #: | |
| | | 23 | 5111 ENSHWING ENVELOTE III | |
| | | No | Parish Family Belongs To: | |
| STUDENT INFORMATION: | | | | |
| NAME) | | (GRADE ENTERING) | | (SEX) |
| (RELIGION) | IGION) | | CE OF BIRTH) | (DATE OF BIRTH) |
| ADDRESS) | | (CITY/STATE) | | (ZIP) |
| (ALLERGIES/OTHER MEDICAL CONDITIONS | 5) | | | |
| PLEASE CHECK THE CATEGORY TH | IAT DEDTAINC | TO VOLID | CHII D• | |
| I LEAGE CHECK THE CATEGORY TH | ZII I EKIZIIIVO | 10 100K | CITIED: | |
| NATIVE AMERICAN: Having origins i | in any of the Indic | an peoples o | of North America, including Alaska-Ame | rican Indians only. |
| ASIAN: Having origins in any of the | e peoples of the | Far East, So | outheast Asia or the Pacific Island; for | example, China, Japan, |
| Philippines, Korea, Samoa, | | | | |
| BLACK NON-HISPANIC: Having orig | ins in any black | racial grou | p, not any Spanish speaking. | |
| HISPANIC: Of any Spanish-speaking | ng culture or orig | in, regardl | ess of race; for example, Mexico, Pue | rto Rico, Cuba, Central/South |
| America. | | | | · |
| WHITE NON-HISPANIC: Of Europe | an, Mediterrane | an and Mid | dle East cultures. | |
| BI-RACIAL: Of two distinct races; f | or example, Asia | an/White, E | lack/White, Asian/Black. | |
| | | | | |
| | DATE | Снивсн М | /HERE SACRAMENT WAS PERFORMED | City/State/Country |
| BAPTISM | DATE | CHOKCH | THERE SACRAMENT WAS I ENTONINED | CITI/STATE/COOKINI |
| RECONCILIATION | | | | |
| 1 ST COMMUNION | | | | |
| CONFIRMATION | | | | |
| CONTINUENT | | | | I |
| | | | | |
| CLOSEST PUBLIC SCHOOL: | | | | |
| | | | | |
| (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| (NAME OF SCHOOL) | | | | |
| | | | | |
| SCHOOL LAST ATTENDED (INCLUI | DES PRESCHO | OL & KIN | DERGARTEN): | |
| (1) | | | | |
| (NAME OF SCHOOL) | | | | |
| (ADDRESS) | | (CITY | /STATE) | (ZIP) |

PARENT / GUARDIAN #1: (NAME) (RELATIONSHIP) (ADDRESS) (CITY/STATE) (ZIP) (PHONE NUMBER) (PRIMARY EMAIL) (OCCUPATION) (WORK NUMBER) PARENT / GUARDIAN #2: (NAME) (RELATIONSHIP) (ADDRESS) (CITY/STATE) (ZIP) (PHONE NUMBER) (PRIMARY EMAIL) (OCCUPATION) (WORK NUMBER) SCHOOL CORRESPONDENCE WILL GO TO: **STUDENT LIVES WITH:** BOTH _____ PARENT/GUARDIAN#1 _____ PARENT/GUARDIAN #2 _____ OTHER: _____ **BROTHERS/SISTERS:** (NAME) (AGE) (NAME) (AGE) **MISCELLANEOUS INFORMATION:** LANGUAGE SPOKEN AT HOME: (CHECK ALL THAT APPLY) English _____ Spanish _____ Polish ____ Other: _____ NAME ON FACTS ACCOUNT:

_____ DATE:____

PARENT/GUARDIAN SIGNATURE: _____