



**NORTHSIDE CATHOLIC SCHOOL
2016-2017 SCHOOL REGISTRATION**

STUDENT INFORMATION

Please note that all information is needed for statistical and recordkeeping purposes only. Please fill in all 4 pages of information. All information is kept strictly confidential.

Student's Name Last _____ First _____ MI _____

Address _____ Zip _____

Birthdate _____ Home phone(_____) _____ Male Female

Family e-mail Address _____

Will be entering grade (Please Circle one) PS 3 yr PS 4 yr K 1 2 3 4 5 6 7 8

Public School District in which you reside _____

Last school attended _____ Phone (_____) _____

Please Circle All that Apply White Black Multi-Racial Hispanic American Indian/Native Alaskan Asian Native Hawaiian/Pacific Islander Other _____

Is Student Roman Catholic? Yes or No Home Parish _____

FAMILY INFORMATION

PARENTS (Check one) Married _____ Separated _____ Divorced _____ Other _____

With whom does the student live? (Check the person or persons)

<input type="checkbox"/>	Father and Mother	<input type="checkbox"/>	Mother and Stepfather	<input type="checkbox"/>	Other Person
<input type="checkbox"/>	Father Only	<input type="checkbox"/>	Father and Stepmother	<input type="checkbox"/>	Name of Other Person
<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Relationship

FATHER'S INFORMATION

Last First MI Religion

Address (if different from child's) Zip

(_____) - _____
Home/Cell Phone e-mail (Optional)

Father's place of employment Phone

Employment Address Occupation

MOTHER'S INFORMATION

Last (Maiden) First MI Religion

Address (if different from child's) Zip

() - _____
Home/Cell Phone e-mail (Optional)

Mother's place of employment () -
Phone

Employment Address Occupation

GUARDIAN'S INFORMATION If student is living with a legal guardian, please complete the following:

Name of Guardian (if any) Copy of Custody Papers Y or N

Guardian's Address (if different from child's) Zip

() - _____
Home/Cell Phone e-mail (Optional)

Guardian's place of employment () -
Phone

Employment Address Occupation

Mail will be sent to student address. If mail is to be sent to a second address please complete:

Name Relationship

Address City State Zip

SIBLINGS

Names (Last, First) Ages Grades (if applicable)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY INFORMATION

Family Physician _____

Address _____ Phone (____) _____

Is there anything significant about your child that we should be aware of (i.e. allergies, medical problems, etc?) _____

Please give the name, address and phone number of 2 relatives or nearby neighbors who could be called in an emergency if you cannot be reached.

1. _____
 2. _____
 Name Address Phone Relationship

SACRAMENTS RECEIVED

	<u>CHURCH</u>	<u>LOCATION</u>	<u>DATE</u>
BAPTISM	_____	_____	_____
RECONCILIATION	_____	_____	_____
HOLY EUCHARIST	_____	_____	_____
CONFIRMATION	_____	_____	_____

This School does not discriminate on the basis of race, religion, or national or ethnic origin. However, it is important to understand that we cannot always make accommodations for each student's educational and social needs. With this in mind, we ask that each family complete this checklist for each student that is enrolling.

- | | YES | NO |
|---|-------|-------|
| 1. My child has been given an Individualized Educational Profile (IEP). | _____ | _____ |
| 2. I can provide a copy of my child's IEP. | _____ | _____ |
| 3. My child has been tested psychologically. | _____ | _____ |
| 4. My child has been diagnosed with a learning disability. | _____ | _____ |
| 5. My child has been diagnosed with a behavioral problem. | _____ | _____ |
| 6. My child has been diagnosed with a physical disability. | _____ | _____ |
| 7. My child receives medication for attention or emotional concerns. | _____ | _____ |
| 8. My child has special medical needs. | _____ | _____ |

(This would include but not be limited to special allergies, physical exceptionalities, or breathing treatments.)

Please explain: _____

9. My child will need Reading, Math or Speech Support Services. _____

To be completed if child is entering grades 1-8 only:

YES NO

10. My child has received suspensions in their former school.

11. My child was expelled from their former school.

I have read and completed this checklist, and have answered truthfully to all questions asked. I understand that, after reviewing this information, the school may determine whether it is able to meet the child's needs.

For all students that enter:

I understand that all new students are on a term of probation during the first semester. If any problems or concerns arise, families will be contacted (so that, if possible, issues may be resolved.)

- **NEW FAMILIES ONLY** Please attach a \$50 Non-Refundable Registration Fee to save a place(s) for your child(ren) by June 30, 2016. The Registration Fee will be deducted from your tuition for the 2016-2017 school year.
- Financial Aid applications are available to all school families. **The deadline for the application is March 15, 2016**

Parent/Guardian Signature _____ Date _____