

ST. CLARE CATHOLIC ACADEMY REGISTRATION APPLICATION

St. Clare Catholic Academy admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the Academy. St. Clare Catholic Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admission policies, loan programs and athletic or other school administered Programs.

STUDENT INFORMATION - Please Print Clearly and Answer All Questions

CHILD'S LAST NAME	CHILD'S MIDDLE NAME	CHILD'S FIRST NAME	BIRTH DATE-MM/DD/YR
HOME TELEPHONE NUMBER	FAMILY E-MAIL ADDRESS	COUNTRY/STATE/CITY OF BIRTH	SEX M () F ()
CHILD'S STREET ADDRESS		CITY, STATE, ZIP CODE	
STUDENT'S RELIGION	NAME AND ADDRESS OF THE CHURCH YOUR CHILD ATTENDS		
WHO DOES THE CHILD LIVE WITH?	SINGLE PARENT: WHICH ONE? BOTH PARENTS () MOTHER () FATHER () GUARDIAN ()	GUARDIAN'S NAME:	

FATHER'S INFORMATION: PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

FATHER'S LAST NAME	FATHER'S FIRST NAME	PLACE OF BIRTH	LIVING () DECEASED ()
FATHER'S CELL PHONE NUMBER	FATHER'S E-MAIL ADDRESS	FATHER'S RELIGION	
FATHER EMPLOYED BY	BUSINESS ADDRESS	BUSINESS PHONE #	
FATHER'S STREET ADDRESS (IF DIFFERENT FROM STUDENT'S)	CITY, STATE, ZIP CODE	HOME PHONE NUMBER	

MOTHER'S INFORMATION: PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

MOTHER'S LAST NAME	MOTHER'S FIRST NAME	PLACE OF BIRTH	LIVING () DECEASED ()
MOTHER'S CELL PHONE NUMBER	MOTHER'S E-MAIL ADDRESS	MOTHER'S RELIGION	
MOTHER EMPLOYED BY	BUSINESS ADDRESS	BUSINESS PHONE #	
MOTHER'S STREET ADDRESS (IF DIFFERENT FROM STUDENT'S)	CITY, STATE, ZIP CODE	HOME PHONE NUMBER	

NAMES OF SIBLINGS ATTENDING ST. CLARE CATHOLIC ACADEMY	MSIBLING'S CURRENT GRADE
1)	
2)	
3)	

ETHNICITY: Hispanic () yes () no check all that apply ___ American Indian/Native Alaskan ___ Asian ___ Black ___ Multi Racial ___ Native Hawaiian/Pacific Islander ___ White	WHAT LANGUAGE IS SPOKEN AT HOME?
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STUDENT'S EDUCATIONAL INFORMATION

NAME OF SCHOOL YOU CHILD IS CURRENTLY ATTENDING	SCHOOL'S STREET ADDRESS
SCHOOL'S CITY, STATE, ZIP CODE	SCHOOL'S PHONE NUMBER

HAS YOUR CHILD EVER BEEN TESTED BY THE COMMITTEE FOR PRE-SCHOOL/early Childhood SPECIAL EDUCATION (CPSE)?

YES () NO () IF YES, PLEASE SUPPLY THE DATE _____

DOES YOUR CHILD HAVE A CURRENT INDIVIDUALIZED EDUCATION PLAN (IEP or IESP) ON FILE WITH THE CPSE?

YES () NO ()

If yes, please attach the IEP/IESP to the application to ensure academic support.

DOES YOUR CHILD HAVE A CURRENT 504 FORM ON File?

YES () NO ()

If yes, please attach the current 504 Form to the application to ensure academic support.

Should information be withheld, the school has the right to ask the child to withdraw from the school.

* SIGNATURE REQUIRED FOR ALL APPLICANTS:

I GIVE PERMISSION FOR ANY PSYCHOLOGICAL REPORTS AND OTHER CONFIDENTIAL MATERIAL TO BE RELEASED TO ST. CLARE CATHOLIC ACADEMY FROM PREVIOUS SCHOOLS AND CSE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



RELIGIOUS INFORMATION PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

CHURCH OF BAPTISM	ADDRESS OF CHURCH	DATE
CHURCH OF PENANCE	ADDRESS OF CHURCH	DATE
CHURCH OF FIRST COMMUNION	ADDRESS OF CHURCH	DATE
CHURCH OF CONFIRMATION	ADDRESS OF CHURCH	DATE

How did you hear about St. Clare Catholic Academy? (Please check all that apply) _____ Newspaper ad _____ post card

_____ Facebook _____ Twitter _____ My Parish/Pastor _____ A family member attended SCCA

_____ A Current Family (please list the Family's Name) _____ Other _____