

**ST. CLARE CATHOLIC ACADEMY REGISTRATION – SCHOOL YEAR 2017-2018 GRADE\_\_\_\_\_**

*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 FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST 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? BOTH PARENTS ( )	SINGLE PARENT: WHICH ONE? MOTHER ( ) FATHER ( )	FOSTER PARENT ( )	GUARDIAN ( ) FOSTER PARENT'S/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	SIBLING'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?

**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 SPECIAL EDUCATION (CSE) IN ANY PREVIOUS SCHOOL?  
 YES ( ) NO ( ) IF YES, PLEASE SUPPLY THE DATE \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

DOES YOUR CHILD HAVE A CURRENT INDIVIDUALIZED EDUCATION PLAN (IEP) ON FILE WITH THE CSE?  
 YES ( ) NO ( )

HAS YOUR CHILD EVER BEEN TESTED BY THE COMMITTEE FOR PRE-SCHOOL SPECIAL EDUCATION (CPSE)?  
 YES ( ) NO ( ) IF YES, PLEASE SUPPLY THE DATE \_\_\_\_\_

DOES YOUR CHILD HAVE A CURRENT INDIVIDUALIZED EDUCATION PLAN (IEP) ON FILE WITH THE CPSE?  
 YES ( ) NO ( )

**\* SIGNATURE REQUIRED FOR ALL APPLICANTS:**

I GIVE PERMISSION FOR ANY PSYCHOLOGICAL REPORTS AND OTHER CONFIDENTIAL MATERIAL TO BE RELEASED TO ST. CLARE 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