

DIOCESE OF MANCHESTER

Grades PreK-8

Catholic School Registration

**Please print or type all information**

Date:

School Name:  City/Town

STUDENT INFORMATION

Student Name    Male   
Female

Address:      
Last First Middle Street City/State/Zip Home Phone Number

Date of Birth  Current Grade  Applying for Grade:

Present School Name and Address:

Student's Religion:  If Catholic, name/town or city of parish:

Date of Baptism:  Parish:  City/Town:

Date of First Reconciliation  Parish:  City/Town:

Date of First Eucharist  Parish:  City/Town:

Siblings in Catholic school?  Yes  No

Name of School:

Name of School:

Name of School:

*The following statistical information is for reporting purposes and will not be used in a discriminatory manner:*

The student is Hispanic or Latino  Yes  No

Ethnic Group  American Indian/Native  Alaskan  Asian  Black/African American  Native Hawaii/Pacific Island  
 White  Two or more races  Unknown

Have an educational plan (e.g., IEP, 504) or class modifications ever been recommended for this student?  Yes  No

If yes, please specify

MEDICAL INFORMATION

Does the student suffer from any serious medical condition or allergy?  Yes  No

If yes, please list the condition(s) or allergy

Please list any special instructions related to the condition(s)

Does this student have asthma?  Yes  No

Does this student use an inhaler or epi-pen?  Yes  No

*Students carrying an inhaler or epi-pen must complete a separate form.*

Does this student require any medication throughout the day?  Yes  No

If yes, please list the medications and dosages:

Medication

Dose

Medication

Dose

Medication

Dose

*All medications must be presented in the original bottle with the prescription label and must be held in the health office.*

Student's Physician

Phone Number

#### PARENT/GUARDIAN INFORMATION

Student resides with: (please check all that apply)

Father  Mother  Stepfather  Stepmother  Guardian  Other (Please specify)

Student's parents are:  Married  Separated  Divorced  Never Married  Widowed

If never married, divorced or separated, who has legal custody or decision-making responsibility of the student? \*

Father  Mother  Both  Other (please specify)

If never married, divorced or separated, who has physical custody or residential responsibility of the student? \*

Father  Mother  Both  Other (please specify)

If never married, divorced or separated, who has primary financial responsibility of the student? \*

Father  Mother  Both  Other (please specify)

Correspondence should be sent to:  Both parents  Father only  Mother only  Other (please specify)

Name of Parent

Dr.  Mr.  Mrs.  Ms.  Other (please specify)

Name:

Living

Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:

E-mail:

Employer:

Title:

Business Address:

Business Phone:

*\*Please provide a copy of any relevant court orders, such as Parenting Plan, Final Divorce Decree, or Guardianship Order. The orders will be maintained in the student's file.*

Name of Parent

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Living     Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:     E-mail:

Employer:     Title:

Business Address:     Business Phone:

If applicable:

Name of Guardian

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Living     Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:     E-mail:

Employer:     Title:

Business Address:     Business Phone:

Name of Guardian

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Living     Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:     E-mail:

Employer:     Title:

Business Address:     Business Phone:

TUITION/FINANCIAL RESPONSIBILITY

Person(s) responsible for tuition and other financial obligations if other than parents, please complete the following:

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:       E-mail:

Employer:       Title:

Business Address:       Business Phone:

EMERGENCY CONTACT INFORMATION

Please list other persons authorized to care for the student if parents/guardians cannot be reached.

Name:       Phone:       Relationship:

Name:       Phone:       Relationship:

Name:       Phone:       Relationship:

The people named above have agreed to accept responsibility for my child if I cannot be reached in case of emergency during the school day. I understand that it is my responsibility to advise the school office if this information changes during the school year.

**Signature of Parent:**

**Signature of Parent:**

**Signature of Guardian:**

**Signature of Guardian:**

By checking this box, we certify that all information submitted in the registration process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. We agree to update any information if it becomes outdated.



For office use only:

- Application Fee (if applicable)
- Baptismal Certificate     Custody Documents     Health Form     Other Information

Received by:       Date: