*Office Use Only*

Application # _____
Date Received _____
Registration Fee _____
Date of Registration _____
Birth Certificate _____
Baptismal Certificate _____
Health Records _____

# REGISTRATION

**St. Agnes School**
**2019–2020**
**Grades Pre-K – 8**
**Grade_____**
**Pre-K – Half Day__ Full day___ ___**

**All of the following must accompany this form.**
*Please check (✓) to indicate you have attached each item.*

- ☐ Registration fee $500.00 (new families only)
- ☐ Birth certificate (*We must see the original*)
- ☐ Baptismal certificate
- ☐ Immunization Record (Pre-K)
- ☐ Current Report Card
- ☐ Most recent Standardized Test results

## Student Information

**INCOMPLETE FORMS WILL NOT BE ACCEPTED**

Name _____ (*First*) _____ (*Middle*) _____ (*Last*) _____ (*Suffix*) Social Security # ___ - ___ - ___

Sex ☐ Male ☐ Female Birth Information _____ (*City*) _____ (*State*) Date of Birth _____ (*mm/dd/yyyy*) U.S. Citizen? ☐ Yes ☐ No

Address _____ (*Address line 1*)

_____ (*Address line 2*)

_____ (*City*) _____ (*State*) _____ (*ZIP*)

Phone _____ (*Home*)

E-mail _____

## Parent/Guardian Information

**Father's name** _____ (*Title*) _____ (*First*) _____ (*Middle*) _____ (*Last*) _____ (*Suffix*)

Phone _____ (*Work*)

Occupation _____ Place _____

_____ (*Cell/Pager*)

Country of Father's Birth _____

E-mail _____

Religion (check one) ☐ Catholic ☐ Orthodox ☐ Non-Catholic If non-Catholic, specify denomination: _____

If Catholic, in which rite? ☐ Latin Church ☐ Eastern Church (e.g., *Ruthenian, Melkite Catholic, …*) Specify Rite: _____

**Mother's name** _____ (*Title*) _____ (*First*) _____ (*Middle*) _____ (*Last*) _____ (*Suffix*)

Phone _____ (*Work*)

Occupation _____ Place _____

_____ (*Cell/Pager*)

Country of Mother's Birth _____

E-mail _____

Religion (check one) ☐ Catholic ☐ Orthodox ☐ Non-Catholic If non-Catholic, specify denomination: _____

If Catholic, in which rite? ☐ Latin Church ☐ Eastern Church (e.g., *Ruthenian, Melkite Catholic, …*) Specify Rite: _____

## Siblings

| *Name* | *Date of Birth (*mm/dd/yyyy*)* | School | Grade |
|---|---|---|---|
| | | | |
| | | | |

## Marital Status of Parents

☐ Married ☐ Separated ☐ Divorced If divorced, who has legal custody? _____

☐ Mother re-married ☐ Father re-married ☐ Mother deceased ☐ Father deceased

Name of Step-parent or Guardian _____ (*Title*) _____ (*First*) _____ (*Middle*) _____ (*Last*) _____ (*Suffix*)

*Suffix:* Sr., Jr., III, …
*Title:* Mr., Mrs., Ms., Miss, Dr., …

(*over*)

## Student's Religion

1. Religion (check one) ☐ Catholic ☐ Non-Catholic If non-Catholic, specify denomination: _____
2. If Catholic, in which rite? ☐ Latin Church ☐ Eastern Church (e.g., *Ruthenian, Melkite Catholic, …*) Specify Rite: _____
3. Baptismal status ☐ Baptized Catholic ☐ Baptized non-Catholic ☐ Unbaptized ☐ Unknown

## Sacraments

| | *Church* | *City* | *State* | *Date* |
|---|---|---|---|---|
| Baptism | | | | |
| Penance | | | | |
| First Eucharist | | | | |
| Confirmation | | | | |

## Parish Information (*Parish registration is subject to verification by the Parish Office.*)

☐ We are registered parishioners. Parish ID # (Envelope #) _____

☐ We are registered in another parish. Parish name _____

☐ We are not Catholic.

Name of public school where student would attend _____

## Scholastic Records

Last school attended

| *Name* | *City* | *State* | *Teacher's name* | *Grade* |
|---|---|---|---|---|
| | | | | |

Reason for withdrawal _____

Other schools attended

| *Name* | *City* | *State* | *Years attended* | *Grades* | *Reason for Withdrawal* |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

## Languages

Language spoken at home (check one) ☐ English ☐ Spanish ☐ Other Specify: _____

Is your child bi-lingual? ☐ Yes ☐ No If *YES,* what languages? ☐ English ☐ Spanish ☐ Other Specify: _____

## Health Records

Is your child on any type of medication? ☐ Yes ☐ No If *Yes,* please describe. _____

Does your child have any type of hearing, sight, or learning disability? ☐ Yes ☐ No If Yes, please describe. _____

Please include any other information which will help your child to his/her greatest advantage: _____

## Parent Signature _____

## Name of person responsible for paying tuition:

Tuition assistance is available, please refer to tuition schedule.

| *Title* | *First* | *Middle* | *Last* | *Suffix* |
|---|---|---|---|---|
| | | | | |

For Pre-K, please note: As per minimum standards for Licensed Child Day Centers, the Department of Social Services, Commonwealth of Virginia, suggests that a child's enrollment be terminated if the center feels that the child's needs are no longer being met.

The following information regarding ethnicity is *optional* but helpful for use in applying for Federal Grants and NCEA (National Catholic Educational Association) Data Bank Information:

Ethnicity of Child ☐ American Indian/Native Alaskan ☐ Asian ☐ Black ☐ Hispanic ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial ☐ All others

*Office Use Only* — Identity Verification

| *Place of Birth* | *Birth Date* | *Birth Certificate #* | *Date Issued* | *Grade* |
|---|---|---|---|---|
| | | | | |