

Office Use Only

Application # _____

Date Received _____

Registration Fee _____

Date of Registration _____

Birth Certificate _____

Baptismal Certificate _____

Health Records _____

REGISTRATION

St. Agnes School
2018-2019
Grades Pre-K - 8

Grade _____

All of the following must accompany this form.

Please check (✓) to indicate you have attached each item.

- Registration fee \$250 (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

Name _____
First Middle Last Suffix

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

Social Security # _____ - _____ - _____

Phone _____
Home

E-mail _____

INCOMPLETE FORMS WILL NOT BE ACCEPTED

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 #) _____ Name of public school where student would attend _____
- We are registered in another parish. Parish name _____
- We are not Catholic.

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
_____	_____	_____	_____	_____	_____