

REGISTRATION FORM

(Registration Fee of \$250.00 is non refundable unless your child is not accepted)

PLEASE PRINT

GRADE APPLYING FOR: _____

First Name _____ Last Name _____

Check One Male Female Date of Birth _____

STUDENT'S HOME INFORMATION

Street Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Home Phone (____) _____

What is the city, state, country where this student was born? _____

What is the primary language that is spoken in your home? _____

Does this student have an Individualized Education Plan (IEP) on file? YES NO

What was the date of this student's first polio vaccine? _____

Previous School Information:

Name _____ Location _____ Yrs. Attended _____

How many children are in your family? _____

Is this the oldest child in your family enrolled in this school? YES NO

| List brothers and sisters in St. Luke School at this time. | NAMES | GRADES |
|---|-------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

What is the name and location of the church where this student currently worships?

Religious Affiliation: Catholic Non – Catholic

SACRAMENT INFORMATION: (IF APPLICABLE)

| | | |
|---------------|-------------------|-----------------------|
| BAPTISM: | _____ | _____ |
| | <i>mm/dd/yyyy</i> | <i>Name of Church</i> |
| PENANCE: | _____ | _____ |
| | <i>mm/dd/yyyy</i> | <i>Name of Church</i> |
| COMMUNION: | _____ | _____ |
| | <i>mm/dd/yyyy</i> | <i>Name of Church</i> |
| CONFIRMATION: | _____ | _____ |
| | <i>mm/dd/yyyy</i> | <i>Name of Church</i> |

FAMILY MEMBER 1 (Primary caretaker of the student and resides with the student)

Title: _____ (Mr., Mrs., Ms. Etc.) First Name _____ Last Name _____

Maiden Name: _____ Relationship to Child _____ (father, mother, aunt, brother, etc.)

Work Phone: _____ Cell Phone: _____

EMAIL ADDRESS: _____ Employer: _____

Occupation: _____

FAMILY MEMBER 2 (Resides at the same address as Family Member 1 and the student)

Title: _____ (Mr., Mrs., Ms. Etc.) First Name _____ Last Name _____

Maiden Name: _____ Relationship to Child _____ (father, mother, aunt, brother, etc.)

Work Phone: _____ Cell Phone: _____

EMAIL ADDRESS: _____ Employer: _____

Occupation: _____

Person responsible for the tuition bill _____

Are parents divorced? YES NO

Who has legal custody of applicant? _____

Signature of Parent/Guardian: _____ **Date:** _____