

ADMISSION PROCESS: Please submit the following item for admission:

- | | |
|------------------------------|---|
| 1. Registration Form | 4. Immunization/health records by the 1st day of school |
| 2. Child's Birth Certificate | 5. Most recent report card from previous school |
| 3. \$200 Registration Fee | 6. If your child is a transfer student in grades 1-8, scores from standardized test, PARCC, MAP, etc. |



ST. LEONARD
CATHOLIC CHURCH & SCHOOL

Student Registration: Please complete one form for each child registering.

21/22 Grade: _____

Today's Date: _____

Student Last Name: _____

Gender: _____ Male _____ Female

Students First and Middle Name:

Address, City, State, Zip:

Students Date of Birth: _____ City and State of Birth: _____ Religion:

Home Phone: _____ Cell Phone: _____

Student Lives with: _____ Both Parents _____ Mother _____ Father _____ Other (Relationship)

Race: Please check all that apply

_____ Native American Indian or Alaskan _____ Asian _____ Black or African American _____ Hispanic/Latino
_____ Middle Eastern _____ White _____ Native Hawaiian or Other Pacific Islander _____ Two or More Races

Is this student of Hispanic/Latino culture or origin, regardless of race? _____ Yes _____ No

Language(s) spoken at home

Medical or Surgical Conditions we should be aware of: _____ Yes _____ No

If yes, please explain

Learning Needs we should be aware of: _____ Yes _____ No

If yes, please explain

Sacramental Information (please supply certifications)

Baptized: _____ Yes _____ No

Reconciliation _____ Yes _____ No

1st Communion _____ Yes _____ No

Confirmation _____ Yes _____ No

FAMILY INFORMATION

Address mail to:

Names and Ages of Other Children at Home

Name: _____ Age: _____

Name: _____ Age: _____

Mother/Guardian 1

First and Last Name:

Religion: _____ Alumni of St. Leonard _____ Yes _____ No

Cell Number:

Employer: _____ Occupation: _____ Work Number:

Email: _____

Marital Status: _____ Married _____ Separated _____ Divorced _____ Single _____ Deceased _____ Remarried

Step-parent name:

If separated/divorced, does the other parent have legal access? _____ Yes _____ No

Father/Guardian 2

First and Last Name:

Religion: _____ Alumni of St. Leonard _____ Yes _____ No

Cell Number:

Employer: _____ Occupation: _____ Work Number:

Email: _____

Marital Status: _____ Married _____ Separated _____ Divorced _____ Single _____ Deceased _____ Remarried

Step-parent name:

If separated/divorced, does the other parent have legal access? _____ Yes _____ No

Secondary Address:
