

**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. \$450 Registration Fee <b>(NON REFUNDABLE)</b> | 6. If your child is a transfer student in grades 1-8, scores from standardized tests, PARCC, MAP, etc. |



**ST. LEONARD**  
CATHOLIC CHURCH & SCHOOL

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

24-25 Grade: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Student's First and Middle Name:  
\_\_\_\_\_

Address, City, State, Zip:  
\_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Other (Relationship) \_\_\_\_\_

**\*\*\* School Your Child Is Transferring From:**  
\_\_\_\_\_

**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

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**Sacramental Information** (please supply certificates) Baptized: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reconciliation \_\_\_\_\_ Yes \_\_\_\_\_ No 1<sup>st</sup> Communion \_\_\_\_\_ Yes \_\_\_\_\_ No Confirmation \_\_\_\_\_ Yes \_\_\_\_\_ No

**FAMILY INFORMATION**

Address mail to:

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Names and Ages of Other Children at Home

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Mother/Guardian 1**

First and Last Name:

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Religion: \_\_\_\_\_ Alumni of St. Leonard \_\_\_\_\_ Yes \_\_\_\_\_ No Cell Number:

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Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Number:

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Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Deceased \_\_\_\_\_ Remarried

Step-parent name:

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

**Father/Guardian 2**

First and Last Name:

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Religion: \_\_\_\_\_ Alumni of St. Leonard \_\_\_\_\_ Yes \_\_\_\_\_ No Cell Number:

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Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Number:

-----  
Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Deceased \_\_\_\_\_ Remarried

Step-parent name:

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