

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. \$250 Registration Fee (NON REFUNDABLE) | 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.

25-26 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

Sacramental Information (please supply certificates) 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