

**ADMISSION PROCESS: Please submit the following item for admission:**

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



**ST. LEONARD**  
CATHOLIC CHURCH & SCHOOL

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

22/23 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

1<sup>st</sup> 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 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 other parent have legal access?  Yes  No

**Secondary Address:** \_\_\_\_\_