

## St. John Fisher School New Student Registration 2017-2018

Child's Full Name	Gender: M	F	
*Race:	Check if Hispanic/Latino:		
<small>*Race: A=Asian, B=Black or African American, M=Multiracial, P=Pacific Islander/Native Hawaiian, W=White</small>			
Child's Birthdate:     /     /	Country of Birth if Not USA		
Parents' Names: Mother	Father		
Street Address:			
City:	State:	Zip Code:	
Child Lives with: Mother	Father	Both Parents	Other
Religion:	Is Child Baptized: Yes		No
Birth Certificate	Baptismal	Parish ID #	
Last School Attended/Grades Attended:			
Communion Date/Church/City			
Confirmation Date/Church/City			
Local Public School:			

Please check preference below. Insufficient class size may result in the creation of other options:

**CLASS PREFERENCE**

**DEPOSIT = \$50.00**

- |  |         |
|--|---------|
| <input type="checkbox"/> 3-Day AM Preschool (T-W-TH) | _____   |
| <input type="checkbox"/> 3-Day PM Preschool (T-W-TH) | _____   |
| <input type="checkbox"/> 5 half day AM Preschool     | _____   |
| <input type="checkbox"/> 5 half day PM Preschool     | _____   |
| <input type="checkbox"/> Full Time Daily Preschool   | _____   |
| <input type="checkbox"/> Kindergarten – Full day     | _____   |
| <input type="checkbox"/> 1 <sup>st</sup> grade       | _____   |
| <input type="checkbox"/> _____ grade                 | _____   |
| <input type="checkbox"/> New Family Fee              | \$25.00 |

Check No.	Dated	Cash Amt.	By
TOTAL FEE			\$

- Fees paid will be deducted from August book fees. In August the balance of the book fees and the first month's tuition will be due.
- If your child does not attend SJF School in the fall, please know the deposit is non-refundable.
- **Copies of birth certificate & baptismal certificate must be turned in with this registration form for new students.**

\*Acceptance of application is contingent upon review and approval of student's most recent report card, standardized test scores and completion of page 2 of this application for.

**THIS REGISTRATION CAN BE PROCESSED ONLY AFTER THE NECESSARY DOCUMENTATION IS COMPLETE.**

Please answer the following questions and provide all documentation noted. Your child's registration is contingent on our receipt and review of all records.

1. Does your child have a diagnosed learning disability?  
Yes\_\_\_\_ No \_\_\_\_  
(If answer is yes, please provide results of most recent formal assessment)
2. Does your child have an IEP (Individual Education Plan) or 504 Plan issued privately or through the public schools? Yes\_\_\_\_ No \_\_\_\_
3. If you answered yes to #2 above, please provide the results of any testing that was conducted, month/year that the IEP was put into place and a copy of the IEP. \_\_\_\_\_
4. Has your child ever had a discipline referral from a previous school? If so, please provide description of incident(s) and appropriate documentation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has your child received special education services at a previous school? If so, please describe type of services and number of minutes/week service was provided.  
\_\_\_\_\_  
\_\_\_\_\_

6. Does your child have any other learning or emotional issues that may impact their learning or the learning of others?  
Yes\_\_\_\_ No \_\_\_\_ If answering yes, please provide specific information.  
Use additional sheets if needed.  
\_\_\_\_\_  
\_\_\_\_\_

7. All students entering grades 5-8 must take a written placement test in language arts and mathematics at least two weeks prior to admission to St. John Fisher School. Please call the school office to make an appointment for this assessment.

LA Test Administered \_\_\_\_\_ Score\_\_\_\_

Math Test Administered \_\_\_\_\_ Score\_\_\_\_

8. All new students must provide:  
\_\_\_ Results of previously administered standardized testing  
\_\_\_ Copies of report cards from previous schools  
\_\_\_ Complete medical records including vaccination history.

I the undersigned parent/guardian of named child, state the information above is correct to the best of my knowledge.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

St. John Fisher Registration 2017-2018

**PARENT INFO**

Mother Title (Ms., Mrs., Dr.)  
Mother's Name  
Mother's Home Phone  
Mother's Cell Phone  
Mother's Email  
Mother's Work Number  
Mother's Place of Employment  
Mother's Occupation  
Mother's Work Address  
Mother Alumna of School (Yes=1, No=0)  
Father Title (Mr., Dr.)  
Father's Name  
Father's Home Phone  
Father's Cell Phone  
Father's Email  
Father's Work Phone  
Father's Place of Employment  
Father's Occupation  
Father's Work Address  
Father Alumnus of School (Yes=1, No=0)  
Guardian's Cell Phone  
Guardian's Email Address  
Guardian's Name  
Guardian Day Phone  
Guardian Place of Employment  
Guardian Occupation  
Guardian Work Phone  
Guardian Work Address  
Is this family a parishioner (Y/N)  
Parent's Marital Status  
Step-Mother's Name (if applicable)  
Step-Father's Name (if applicable)  
Envelope Number  
Parish Where Family Is a Member  
Parents agree to share parent contact information with Archdiocesan  
High Schools (Do not share=0)

**EMERGENCY INFO**

Doctor Name  
Doctor Phone Number  
Dentist Name  
Dentist Phone  
Emergency Contact # 1  
Relationship  
Phone Type (Home, Cell, Work)  
Phone Number  
Emergency Contact # 2  
Relationship  
Phone Type  
Phone Number  
Allergies  
Medical Considerations  
Medical Alert Text to Show In PowerSchool

Signature: \_\_\_\_\_