

## St. John Fisher School New Student Registration 2019-20

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	Phone	Email	
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

- 3-Day AM Preschool (T-W-Th) \_\_\_\_\_
- 3-Day PM Preschool (T-W-Th) \_\_\_\_\_
- 5 half day AM Preschool \_\_\_\_\_
- 5 FULL TIME Daily Preschool \_\_\_\_\_
- 3 FULL TIME Daily Preschool (T-W-Th) \_\_\_\_\_
- Kindergarten - Full Day \_\_\_\_\_
- 1<sup>st</sup> grade \_\_\_\_\_
- \_\_\_\_\_ grade \_\_\_\_\_

**DEPOSIT:** **\$50.00**  
**NEW FAMILY FEE:** **\$25.00**

Check No.	Dated	Cash \$	By
<b>TOTAL FEE</b>			<b>\$</b>

- Fees paid will deducted from your first invoice due August 15. That invoice will include the balance of book fees and the first month's tuition.
- If your child does not attend SJF School in the fall, please know the deposit is non-refundable.
- **COPIES OF BIRTH AND BAPTISMAL CERTIFICATES MUST BE TURNED IN WITH THIS REGISTRATION 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 form.

***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

## 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: \_\_\_\_\_

