

St. John Fisher School New Student Registration 2018-2019

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 st grade | _____ |
| <input type="checkbox"/> _____ grade | _____ |
| <input type="checkbox"/> New Family Fee | \$25.00 |

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

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: _____