

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 _____
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) _____
- 5 half day AM Preschool _____
- 5 FULL TIME Daily Preschool _____
- 3 FULL TIME Daily Preschool (T-W-Th) _____
- Kindergarten – Full Day _____
- 1st grade _____
- ___ grade _____

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

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

- 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. _____
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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: _____