

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.

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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.

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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: _____

Parent Info:

Mother's Title _____

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 _____

Father Title _____

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 _____

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 _____

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 _____

Phone number _____

Emergency Contact #2 _____

Relationship _____

Phone Type _____

Phone Number _____

Allergies _____

Medical Considerations _____

Medical Alert Text to Show in Powerschool: _____

Signature: _____