



# New Student Registration Form 2017-2018

## St. Monica Academy

### Section I: New Student Information

Total number of children in family enrolled in the school: \_\_\_\_\_ PreK3 (Half Day) \_\_\_\_\_ PreK4 (Half Day)

Names and Grades of Siblings: \_\_\_\_\_ PreK3 (Full Day) \_\_\_\_\_ PreK4 (Full Day)

Student Name: _____			
LAST	FIRST	MIDDLE	
Birth Date: _____	Oldest/Only Child: <input type="radio"/> YES <input type="radio"/> NO		
Gender: <input type="radio"/> MALE <input type="radio"/> FEMALE	Is this student Hispanic/Latino? <input type="radio"/> YES <input type="radio"/> NO		
Race:    (Check all that apply)	<input type="radio"/> ASIAN	<input type="radio"/> WHITE	<input type="radio"/> NATIVE AMERICAN
	<input type="radio"/> BLACK/AFRICAN AMERICAN	<input type="radio"/> NATIVE HAWAIIAN/PACIFIC ISL.	<input type="radio"/> ALASKAN NATIVE
Country of Birth: _____	Year Immigrated (If Applicable): _____		
Grade level upon entry: _____	Religion: <input type="radio"/> CATHOLIC <input type="radio"/> NON-CATHOLIC		
Languages Spoken at Home: _____	(IDENTIFY RELIGION IF NON-CATHOLIC): _____		
Last school attended: _____		Publish address in school directory? <input type="radio"/> YES <input type="radio"/> NO	
SCHOOL NAME	SCHOOL CITY		
Student lives with: _____	PARENT/GUARDIAN INITIALS		
LAST NAME(S)	FIRST NAME(S)	RELATIONSHIP	
Address 1: _____	APARTMENT/UNIT #		
STREET ADDRESS			
CITY	STATE	ZIP	
Addressee 2: _____			
<i>if applicable</i>	LAST NAME	FIRST NAME	RELATIONSHIP
Address 2: _____	APARTMENT/UNIT #		
<i>if applicable</i>	STREET ADDRESS		
CITY	STATE	ZIP	
Baptism: _____	CHURCH	DATE _____	
Reconciliation: _____	CHURCH	DATE _____	
First Communion: _____	CHURCH	DATE _____	
Confirmation: _____	CHURCH	DATE _____	