

St. Leo Catholic Academy

Registration Application

School Policy of Non-Discrimination

St. Leo admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. St. Leo does not discriminate on the basis of race, color, national or ethnic origin in the administration of educational policies, admission policies, loan programs and athletic or other school administered programs.

Required Documents

Child's Birth Certificate

Child's Baptismal Certificate

Child's Social Security Card

Child's Immunization Records

Report Card from Last Grade

Electric or Gas Bill for Proof of Address

Gr. 3-8 Must \longleftrightarrow First Penance/Communion Certificate

also Bring \longleftrightarrow Standardized Test Results

Registration

A Registration fee of \$100 for each child is payable at the time of application. This fee is NON-REFUNDABLE unless the child is not accepted.

Please complete ALL Information

Print Clearly!

GRADE YOU ARE REGISTERING THE CHILD FOR _____

CHILD'S NAME _____ Male ___ Female ___

CHILD'S SOCIAL SECURITY # _____ Child's Religion _____

CHILD'S DATE OF BIRTH _____ Country/State of Child's Birth _____

CHILD'S ADDRESS _____ Apt.# _____

City/State/Zip _____ Home Phone # (____) _____

Child is living with (give the name(s) of the parent/guardian with whom the child is living)

Name(s) _____

The relationship of the person(s) named above to the child is:

___ Parent (s) ___ Guardian If Guardian, specify: ___ Aunt/Uncle ___ Grandparent ___ Friend

HAS THE CHILD YOU ARE NOW REGISTERING EVER ATTENDED ANY SCHOOL PREVIOUSLY?

___ Yes ___ No

If Yes, Name of the School he/she attended _____

Address of Previous School _____

City/State/Zip _____ Grades attended _____ to _____

Child's Health History

Does your child have any unusual health conditions? _____ yes _____ no

If yes, indicate the condition (example, asthma, allergies, diabetes, heart disorder, kidney disorder, etc.)

Does your child take any medication regularly? _____ yes _____ no

If yes, what is the name of the medication? _____

Parent/Family Information

BIOLOGICAL FATHER'S NAME _____ Country of Birth _____ Religion of Father _____

Father's Address _____ Home Phone# () _____

City/State/Zip _____ Cell Phone# () _____

NAME OF COMPANY FATHER WORKS FOR: _____

ADDRESS OF COMPANY: _____ City/State/Zip _____

Work Phone # () _____

BIOLOGICAL MOTHER'S NAME _____ Country of Birth _____ Religion of Mother _____

Mother's Address _____ Home Phone # () _____

City/State/Zip _____ Cell Phone # () _____

NAME OF COMPANY MOTHER WORKS FOR: _____

ADDRESS OF COMPANY: _____ City/State/Zip _____

Work Phone # () _____

PARENT'S MARRIAGE: Name of Church/Civil _____ Date _____

ChurchAddress _____ City/State/Zip _____

OTHER CHILDREN LIVING AT HOME: Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name and address of the Roman Catholic Church in which you worship: _____

Are you registered in this Parish? ___ Yes ___ No Church Envelope # _____

We Call you First

Emergency Contact Information - other than the parents/guardians!

★ If we are unable to contact the parents at home or work, please indicate in the space below the person you wish us to contact in case of illness or emergency:

(MUST BE OTHER THAN PARENT/GUARDIANS)

**Who do we call
if we can't
get the parents.**

EMERGENCY CELL PHONE# () _____

EMERGENCY PHONE # () _____

NAME OF EMERGENCY CONTACT PERSON _____

ADDRESS: _____

RELATIONSHIP OF THIS PERSON TO THE CHILD: _____

Is this person authorized to pick up your child? YES or NO

Child's Sacramental Information

Child's Baptismal Information:

Is your child baptized in the Roman Catholic Church? ___ Yes ___ No

Name of Church _____ Date: _____

Church Address: _____

City/State/Zip: _____

Has your child received First Penance? _____ Yes _____ No

If Yes, Name of Church: _____ Date: _____

Church Address: _____

City/State/Zip: _____

Has your child received First Communion? _____ Yes _____ No

If Yes, Name of Church: _____ Date: _____

Church Address: _____

City/State/Zip: _____

Has your child received Confirmation? _____ Yes _____ No

If Yes, Name of Church: _____ Date: _____

Church Address: _____

City/State/Zip: _____

Financial Responsibility Statement

Print Name & Relationship of person(s) who will be responsible for ALL expenses including tuition for the student named herein.

NAME _____ Relationship _____

ADDRESS _____ City/State/Zip _____

I AGREE TO ASSUME RESPONSIBILITY FOR ALL FINANCIAL OBLIGATIONS INCLUDING TUITION AND OTHER EXPENSES FOR THE STUDENT NAMED HEREIN:

Signature of person who will pay the tuition & other expenses

Mailing Information

I/We wish all mail to be addressed as follows:

Circle One: Mr. & Mrs. Mr. Mrs. Miss

NAME _____

ADDRESS _____ Apt.# _____

CITY/STATE/ZIP _____

Languages Spoken

LANGUAGE(S) SPOKEN AT HOME: _____

LANGUAGE(S) YOUR CHILD SPEAKS: _____

Date Application Completed

Signature of Parent or Guardian

Office Use Only: Date Returned: _____ Initials _____

Reg. Fee Amt: _____ Cash _____ Check# _____ Credit Card _____

_____ Non-Supp _____ Non-Cath _____ KG _____ Pre-K _____ Nursery

Sibling(s) in SLS: _____ Grade _____

SOS Entered Date _____ OC Entered Date _____ 1st Polio _____