

CHILD'S DATE OF BIRTH: _____
Month / Day / Year

Male Female

Our Lady Queen of Martyrs Catholic Academy
Checklist for New Registrants for 2018- 2019

Name of child _____

Grade in September _____ Date of Registration _____

Are you Alumnus/Alumnae of our School? _____

How did you hear about our school? _____

School last attended _____

School Address _____

Reason for Transferring _____

Catholic - If Catholic, what Parish are you affiliated with _____
Non Catholic

Please provide Copies of:

- Birth Certificate
- Baptismal Certificate (If Catholic)
- Immunization Record
- Social Security Numbers for child and parents
- Recent Report Cards (Grades K – 8)
- Standardized Test Results (Grades 4 – 8)

Registration Fee is: \$350 for Nursery and Kindergarten
 \$200 for Grades 1 – 8

Check #: _____ **Cash** **Amount:** _____

PHONE #: _____
(# WHERE PARENT OR GUARDIAN CAN BE REACHED DURING THE DAY)

EMAIL ADDRESS: _____

<<<< FOR OFFICE USE ONLY >>>>

Test Date: _____

<input type="checkbox"/> Accepted	<input type="checkbox"/> Complete Information
<input type="checkbox"/> Not Accepted	<input type="checkbox"/> Waiting for Information
<input type="checkbox"/> Waitlisted	<input type="checkbox"/> Health Forms Received
<input type="checkbox"/> Records Received	<input type="checkbox"/> Request for Records to be sent to us

Our Lady Queen of Martyrs Catholic Academy
Student Registration Form 2018 – 2019

STUDENT'S NAME:

_____ (Last) _____ (First)

STREET ADDRESS: _____

CITY: _____ **STATE :** _____ **ZIP CODE:** _____

HOME PHONE NUMBER: _____

EMAIL ADDRESS: _____

REQUIRED INFORMATION

<u>Student's Personal Information</u>	
Entering Grade :	Date of Birth:
Language/s spoken at home:	Student's Cell Phone #:
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <i>(If choosing Hispanic, Please also select additional ethnicity.)</i>	
Religion:	Active I.E.P.: <input type="checkbox"/> yes <input type="checkbox"/> no
Social Security #:	Siblings: <i>(Name and Date of Birth)</i>
	1.
	2.
	3.
	4.
	5.
Child's Place of Birth:	If not born in the United States, please state date in which child entered the United States.
Mother:	Father:
Mother's Place of Birth:	Father's Place of Birth:

Student Information Continued . . .

(Please Print Student's Name)

Sacraments

Date of Baptism:

Church Name and Address:

Date of Penance:

Church Name and Address:

Date of First Communion:

Church Name and Address:

Date of Confirmation:

Church Name and Address:

Medical Information

Allergies:

Other Conditions:

Insurance:

Family Doctor:

Phone #:

Provide copy of Immunizations: yes no

PLEASE NOTE:

WE WILL NOT ACCEPT YOUR APPLICATION WITHOUT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD.

Our Lady Queen of Martyrs Catholic Academy
Family Registration Form 2018- 2019

STUDENT'S NAME: _____
(Last) (First)

REQUIRED INFORMATION

<u>Father's Personal Information</u>		Social Security #:
Last Name:		First Name:
Level of Education:		Marital Status:
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <i>(If choosing Hispanic, Please also select additional ethnicity.)</i>		
Date of Birth:	Religion:	Language:
Occupation:		Employer:
Cell Phone:		Work Phone:
<u>Mother's Personal Information</u>		Social Security #:
Last Name:		First Name:
Level of Education:		Marital Status:
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <i>(If choosing Hispanic, Please also select additional ethnicity.)</i>		
Date of Birth:	Religion:	Language:
Occupation:		Employer:
Cell Phone:		Work Phone:
Maiden Name:		

 (Fill out address **ONLY** if different from child/children.)

STREET ADDRESS: _____

CITY: _____ **STATE :** _____ **ZIP CODE:** _____