

ST. GREGORY THE GREAT CATHOLIC ACADEMY
2018-2019

FAMILY NAME _____ PHONE# _____

ADDRESS _____ ZIP CODE _____

Please list all children who will be attending St. Gregory the Great Catholic Academy in September 2018. Print last name only if different from family name. List oldest first, give date of birth, social security number and September 2018 grade.

NAME (First, Middle, Last)	SS#	DATE OF BIRTH	GRADE (Sept. 2018)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Male _____ Female _____ Child's Place of Birth _____ Language of Child _____

Does your child have an IEP? Yes _____ No _____ If yes, please provide a copy.
Does your child require Special Services? Yes _____ No _____ If yes, what services? _____

PLEASE COMPLETE THE FOLLOWING:

PARISH YOU WORSHIP AT OTHER THAN ST. GREGORY'S _____

IF ST. GREGORY'S PARISH, ST. GREGORY'S CHURCH ENVELOPE NUMBER _____

I WILL WORK THE FESTIVAL _____ I AM UNABLE TO WORK THE FESTIVAL _____

FATHER'S FIRST & LAST NAME _____ OCCUPATION _____

BIRTH PLACE _____ EMAIL ADDRESS _____

BUSINESS NAME _____ BUS. PHONE # _____

BUSINESS ADDRESS _____ ZIP _____

CELL PHONE # _____

MOTHER'S FIRST & LAST NAME _____ MAIDEN NAME _____

BIRTH PLACE _____ EMAIL ADDRESS _____

MOTHER'S OCCUPATION _____

BUSINESS NAME _____ BUS. PHONE # _____

BUSINESS ADDRESS _____ ZIP _____

CELL PHONE # _____

IF ANY OF ABOVE TELEPHONE NUMBERS ARE NEW, PLEASE CHECK HERE _____

FATHER'S RELIGION _____ MOTHER'S RELIGION _____

RELIGION OF CHILDREN _____

(TURN OVER)

IF CATHOLIC:

BAPTISM -CHURCH _____ LOCATION _____ DATE _____

FIRST PENANCE-CHURCH _____ LOCATION _____ DATE _____

COMMUNION-CHURCH _____ LOCATION _____ DATE _____

PREVIOUS TWO SCHOOLS ATTENDED: (if the child is older than 5 years old) -

(1) **PRESENT SCHOOL'S NAME** _____
ADDRESS _____
TELEPHONE NUMBER _____

(2) **PREVIOUS SCHOOL'S NAME** _____
ADDRESS _____
TELEPHONE NUMBER _____

PLEASE CHECK WHICHEVER APPLIES TO YOU:

- _____ **AMERICAN INDIAN**
- _____ **ASIAN OR PACIFIC ISLANDER**
- _____ **HISPANIC**
- _____ **BLACK, NOT OF HISPANIC ORIGIN**
- _____ **WHITE, NOT OF HISPANIC ORIGIN**

Have you been referred by a current St. Gregory's Family?

If so, Family's Name _____

EMERGENCY INFORMATION:

List persons to be contacted in case of an emergency when a parent cannot be reached.

NAME _____ **PHONE #** _____

RELATIONSHIP TO CHILD _____

ADDRESS _____ **ZIP** _____

NAME _____ **PHONE #** _____

RELATIONSHIP TO CHILD _____

ADDRESS _____ **ZIP** _____

PLEASE COMPLETE IF APPLICABLE:

My child _____ has the following condition which requires special handling in an emergency:

Parent's Signature _____ **Date** _____

For Office Use:

- _____ **Registration Fee**
- _____ **Supply Fee**
- _____ **Technology Fee**
- _____ **Tuition**
- _____ **Birth Certificate**
- _____ **Baptismal Certificate**
- _____ **Immunization Record**
- _____ **Copies of 3 years prior Report Cards**
- _____ **Copies of State Test Results**
- _____ **Probation Form**
- _____ **Parent Alert Form**

Admission to St. Gregory's School is at the discretion of the Principal with an interview.