

**TRINITY CATHOLIC SCHOOL
REGISTRATION CARD 2012-2013**

Date of Registration / /

Registration Fee, Received \$

Student Entering Grade

Date Student will begin classes / /

Student #

STUDENT INFORMATION

Student's Legal Last Name Legal First Name Middle Name Nickname/Name Student Goes By

Social Security Number / / Birth date Month/Day/Year / / Male/Female Gender Place of Birth City / State / Country

Home Phone # Permitted in Directory: Yes() No() Guardian e-mail address Permitted in Directory: Yes() No()

Student's Phone # Permitted in Directory: Yes() No() Student's e-mail address Permitted in Directory: Yes() No()

Student Home Address-Permitted in Directory: Yes() No() **Student Mailing Address (if different)**-Permitted in Directory: Yes() No()

Street Address Street Address or P. O. Box

City State Zip Code City State Zip Code

Ethnic Origin: (Check one)
 American Indian/Native Alaskan Asian Black Hispanic
 Multi-Racial Native Hawaiian/Pacific Islander White

Primary language spoken at home:

Prior School Attended:

What Public School attendance area do you reside in?

Student's Religion If Catholic, what Parish is student registered in?

Permission to publish student photo in brochures, on web site, or in the newspaper or other similar publications? Yes() No()
 How did you hear about our school?

- Newspaper Advertisement Billboard Radio /Television Advertisement
 Church Bulletin Phone Book Internet Search
 Parent Referral (if so, please let us know who so that we can thank them)

FAMILY INFORMATION

Student Primarily Lives With: (Check one)
 Mother and Father Mother Mother/Stepfather Grandparent/Guardian
 Father Father/Stepmother Other

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings:

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship (circle one):	Mother / Stepmother / Grandmother / Guardian / Other	Father / Stepfather / Grandfather / Guardian / Other
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager Number:		
Work Address:		
Work Phone Number:		
Marital Status:		
Religion:	Alumni: Yes() No()	Alumni: Yes() No()

STUDENT HISTORY

If Catholic, please check the following information for sacraments received:

Baptism: Yes [] No []
Reconciliation: Yes [] No []
Eucharist: Yes [] No []

Has student been retained, suspended, or expelled from school? Yes [] No []

If so, please comment _____

Is your child eligible for any services for special needs? Gifted [] Speech [] Learning Disabilities []

EMERGENCY/HEALTH INFORMATION

In case of an emergency when parent or guardian cannot be reached, contact. These persons are authorized to pick up my children:

Emergency Contact #1 Name _____ Relationship: _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contact #2 Name _____ Relationship: _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contact #3 Name _____ Relationship: _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____

The following persons (in addition to the emergency contacts above) are authorized to pick-up my child from school:

Authorized Pick-up #1 _____

Authorized Pick-up #2 _____

Authorized Pick-up #3 _____

Preferred Doctor: _____ Phone # _____ Preferred Hospital: _____

Preferred Dentist: _____ Phone # _____

I give my permission for my child to receive emergency medical treatment, if necessary: () Yes () No

Signature: _____ Date: _____

I give my permission to call 911: () Yes () No

Signature: _____ Date: _____

List any medical consideration of which the School should be familiar, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor, you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the school clinic.)

Please list all allergies: _____

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the school year 2012-2013. It is also my understanding that the policy of the school is to make no refunds on registration fees. If a child is withdrawn prior to the first day of classes, there will be no refund of two (2) months of tuition. Refunds of tuition during the school year will be refunded as per diocesan policy. I hereby agree that my child shall abide by the policies, rules, and regulations of Trinity Catholic School at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises and absolve the school from liability to me or my child because of loss of property or because of any injury to my child at school or during any school activity.

Parent Signature _____

Parent Signature _____

FINANCE INFORMATION

Name and Address of person responsible for tuition & other financial obligations (If different from parent or guardians listed above)

Name: _____

Address: _____

VERIFICATION INFORMATION (For Office Use Only)

Pastor Verification: Y N

Date: _____

Immunization Record (Up to date) Y N

Date: _____

Birth Certificate: Y N

Date: _____

Physical Examination by Florida Physician/Clinic (Form)

Date: _____