



# Registration Packet

## 2020-2021

### **Mission Statement**

St. Francis of Assisi Catholic School educates the whole child in a Christ-centered community valuing service, leadership and academic excellence.

### **Vision**

Inspire academic scholars motivated to serve and lead the world with Faith and moral character.

### **Values**

Faith

Respect

Excellence

Integrity

# Registration Checklist

To ensure your child's place in a class at St. Francis of Assisi Catholic School, the following must be submitted at the time of registration.

Placement will be given to those with **Completed and PAID** registration.

- Registration Forms**
- Birth Certificate** (new students only)
- Immunization Records** (current students, please check their immunization status)
- Records Release Form** (new students only)
- Child Enrollment and Authorization Form**



# 2020-2021 Registration Form

## Family Information

**Father's Name:** \_\_\_\_\_

Complete Address: \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_  Text OK

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Complete Address: \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_  Text OK

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Check One:**

- St. Francis Parishioner
- Catholic Non-Parishioner (Parish: \_\_\_\_\_)
- Non-Catholic (or non-participating Catholic)

## Student Information

**Child' First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Other Information (injuries, etc.):** \_\_\_\_\_

**Child' First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Other Information (injuries, etc.):** \_\_\_\_\_

**Child' First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Other Information (injuries, etc.):** \_\_\_\_\_

**Child' First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Other Information (injuries, etc.):** \_\_\_\_\_