

## PRE-REGISTRATION FORM

(Incoming students in grades 2-8)

DATE \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF PARENTS \_\_\_\_\_

SCHOOLS PREVIOUSLY ATTENDED \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

SPECIAL EDUCATION NEEDS: (please check if applicable)

IST                       Psychological Evaluation     MDE  
 Occupational or Physical Therapy     Speech                       Gift/Seminar  
 Other \_\_\_\_\_

WAS THIS STUDENT SUSPENDED OR EXPELLED AT ANY TIME FROM THE PREVIOUS SCHOOL?

YES     NO    (If yes, please describe the incident(s) which led to the disciplinary action.)

\_\_\_\_\_  
\_\_\_\_\_

CURRENT GRADES EARNED: (please circle appropriate grade)

|                |   |   |   |   |   |
|----------------|---|---|---|---|---|
| MATH           | A | B | C | D | F |
| LANGUAGE ARTS  | A | B | C | D | F |
| SCIENCE        | A | B | C | D | F |
| SOCIAL STUDIES | A | B | C | D | F |

CUSTODY INFORMATION: (please check one or more)

Student resides with both parents  
 Student resides with single parent  
 Legal custody is with the father  
 Legal custody is with the mother  
 Custody is presently being disputed  
 Court documentation provided

TUITION:

Full Tuition  
 Pro rated per diem  
 Tuition Assistance Needed (Catholics only)

VERIFICATION:

I verify that the information provided in this form is accurate to the best of my knowledge. I also agree to and understand that the decision to accept my child's registration can be rescinded if school records received after this date prove information stated here to be incorrect.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION STATUS:  Accepted     Denied

SIGNATURE OF PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_