

ST. CLEMENT CATHOLIC ELEMENTARY SCHOOL
TELEPHONE 1-586-757-7500
NEW STUDENT REGISTRATION
2010 -2011

GRADE IN AUGUST _____ DATE OF REGISTRATION _____

STUDENT NAME _____

ADDRESS _____
Last First Initial CITY ZIP

PHONE _____ STUDENT'S SOCIAL SECURITY NO: _____
last four numbers only

DATE OF BIRTH _____ SEX _____ BIRTHPLACE:(City & State) _____

ETHNICITY _____ RELIGION _____

PLACE & DATE OF BAPTISM _____

DATE OF EUCHARIST _____ RECONCILIATION _____ CONFIRMATION _____

FATHER INFORMATION:
NAME _____
RELIGION _____
OCCUPATION _____
WORK NUMBER _____
COUNTRY OR STATE OF BIRTH _____

MOTHER INFORMATION:
NAME _____
RELIGION _____
OCCUPATION _____
WORK NUMBER _____
COUNTRY OR STATE OF BIRTH _____

SCHOOL DISTRICT RESIDING IN _____

PARISH WHERE FAMILY IS REGISTERED _____

IF NOT WITH PARENTS WITH WHOM DOES CHILD RESIDE? _____

ADDRESS _____ PHONE _____

LANGUAGE SPOKEN IN THE HOME _____

CURRENT MARITAL STATUS: (CIRCLE ONE) MARRIED SEPARATED DIVORCED WIDOWED

CORRECT MAILING FORM TO BE USED: (CIRCLE ONE) MR. MRS. MR. & MRS. MS.

I agree to fulfill the financial obligations of St. Clement Catholic School. Tuition payments must be made on a timely basis. The school must be notified and arrangements made if payments become 2 months delinquent. Failure to communicate will result in a student's removal from classes. This will take place on a quarterly basis. All tuition and school fees must be paid in full before any student will be allowed to receive a report card at the end of the school year. School records or diplomas will be held until all tuition and fees are paid.

PARENT SIGNATURE

DATE

St. Clement Catholic Elementary School

School last attended: _____

School's address: _____

Grade last year: _____ Promoted to grade: _____

Reason for leaving school: _____

Has your child ever been retained? Yes__No__ If yes, what grade was repeated? _____

Has special testing ever been recommended for your child? Yes__No__

If yes, who recommended the testing, when and for what reason? _____

Is your child currently taking any prescribed medication? Yes____No____

If so, what kind of medication and the reason: _____

In order to make a preliminary decision on acceptance, a report card and latest standardized test results from the most recent school must be presented and entrance testing must be completed. Acceptance is determined after receipt of official records from formal institutions. This information will help us to ascertain our ability to fulfill the needs of students. All students will be put on an academic and behavioral probational status for 6 weeks.

I verify the above information to be complete and true. I realize that omission or falsification of pertinent data for facts could cause my child to be excluded from St. Clement School.

Signature Parent/Guardian

Date