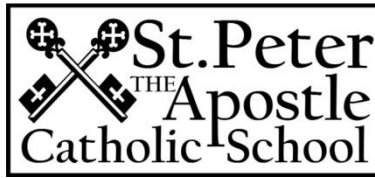


450 South Stage Coach Lane  
 Fallbrook, CA 92028  
 Tel (760) 689-6250  
 Fax (760) 689-6240



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FOR OFFICE USE ONLY		
Parishioner-Envelope # _____	Birth Certificate	Registration Packet
Non-Parishioner	Baptismal Record	Welcome Letter
Non-Catholic	First Communion Certificate	Testing
	Immunization Record	
	Report/Progress Card	

For Academic Year: \_\_\_\_\_ Start Date \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Male  Female Student Religion:  Catholic  Non-Catholic

Date of Birth: \_\_\_\_\_

Applying for Grade: (circle one) Preschool Pre-K K 1 2 3 4 5 6 7 8

For Preschool/Pre-K Half Days (8:00-12:00) or School Day (8:00-3:00) or Full Days: (7:00 am-5:30)

Choose the Days M T W Th F M T W Th F M T W Th F

Potty Trained? \_\_\_Yes \_\_\_Almost \_\_\_No

Name of School Student Currently Attends: \_\_\_\_\_

Address of school \_\_\_\_\_

**Student Information – Please check all that apply**

ADD/ADHD  OCD/ODD  Autism/Asperger's  IEP  Vision/ Hearing issues  Speech issues  Medication at home/school  
 Other \_\_\_\_\_

Has he/she been tested or diagnosed with a specific difficulty? \_\_\_\_\_

Are there any court ordered custody arrangements? \_\_\_\_\_

PARENT INFORMATION	FATHER'S INFORMATION	MOTHER'S INFORMATION
Last Name		
First Name		
Religion		
Home Phone		
Cell Phone		
Work Phone		
Primary Email Address		
Occupation		

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Important information regarding this student:

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