



Family Name: _____

FAMILY/STUDENT REGISTRATION INFORMATION

The following information is required for statistical reporting or Federal Funding allocation purposes. All information is confidential.

STUDENT INFORMATION		1 st child	2 nd child	3 rd child	4 th child	
Student First Name						
Student Last Name						
Grade for 2024-2025						
Date of Birth						
Student Religion						
Has he/she been Baptized Catholic?						
Has he/she made 1 st Reconciliation?						
Has he/she received 1 st Holy Communion?						
Health Concerns (asthma, allergies, ADHD, etc.)						
Medications-Does he/she need to take medications at home/at school?						
Student Ethnic Origin (Choose ONE)		<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Unknown	
CATEGORICAL FUNDING- The following information is for Federal Categorical Funding Allocation purposes only.						
What was the child's first language?						
What language does the child use the most?						
What language do the parents use the most with the child?						
What language is used most often in the home by the adults?						
Family Size	Annual Income					
One*	\$16,391	*This may be a foster child, emancipated youth, or special education child over the age of 18. For each additional family member, add \$5698. If you are paid on a weekly/monthly basis, please multiply that amount by the number of weeks/months you work each year.				
Two	\$22,089					
Three	\$27,787					
Four	\$33,485					
Five	\$39,183					
Six	\$44,881	Circle your answer to these 3 questions. Is your family income less than the amount listed?			YES	NO
Seven	\$50,579	Are you eligible for food stamps?			YES	NO
Eight	\$56,277	Are you receiving TANF Cash assistance/AFDC or public assistance?			YES	NO

PARENT INFORMATION	FATHER'S INFORMATION		MOTHER'S INFORMATION	
First Name, Last Name				
Home Address				
City, Zip Code				
Home Phone				
Work Phone				
Cell Phone				
Occupation				
Employer				
Religion				
Did you graduate high school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Parish Name where you are registered as a parishioner		Envelope #		Envelope #
Marital Status	[] Married [] Single [] Separated [] Divorced [] Widowed [] Other		[] Married [] Single [] Separated [] Divorced [] Widowed [] Other	
Email Address Please enter the <u>Main Family</u> email account				
What phone numbers do you want us to use for our <u>One Call Messaging System</u> ? You may enter up to 4 numbers.	Number 1	Number 2	Number 3	Number 4
Check the box if this phone can receive text messages	Text Message? YES <input type="checkbox"/> NO <input type="checkbox"/>	Text Message? YES <input type="checkbox"/> NO <input type="checkbox"/>	Text Message? YES <input type="checkbox"/> NO <input type="checkbox"/>	Text Message? YES <input type="checkbox"/> NO <input type="checkbox"/>

IN THE EVENT OF ILLNESS or EMERGENCY [] CALL MOTHER FIRST [] CALL FATHER FIRST IF WE CANNOT REACH YOU, PLEASE LIST 2 OTHER EMERGENCY CONTACTS.	
Name	
Relationship	
Home Phone	
Cell Phone	

I authorize St. Peter the Apostle Catholic School to provide medical services/treatment for my children in the event of an illness or emergency.

PARENT CONSENT: _____

<u>PHOTO RELEASE AUTHORIZATION</u> St. Peter the Apostle Catholic School is authorized to photograph my children for the following: <input type="checkbox"/> Yearbook-- to include the annual class photo and other candid photographs for the yearbook ONLY <input type="checkbox"/> The school website <input type="checkbox"/> The Village News and/or Southern Cross newspapers <input type="checkbox"/> Social Media (St. Peter the Apostle Facebook, etc) <input type="checkbox"/> NONE
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PARENT SIGNATURE _____ DATE _____