

**St. Denis School**  
**Student Registration Form**  
*Kindergarten - 8th Grade*

**OFFICE USE ONLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate     | <input type="checkbox"/> Social Security       |
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> Immunization Record   |
| <input type="checkbox"/> First Penance         | <input type="checkbox"/> Previous Report Cards |
| <input type="checkbox"/> First Eucharist       | <input type="checkbox"/> Most Recent           |
| <input type="checkbox"/> Special Ed. Rec.      | Standardized Testing                           |

**STUDENT AGE AND GRADE**

STUDENT AGE AS OF OCT. 1ST FOR UPCOMING SCHOOL YEAR

STUDENT GRADE FOR UPCOMING SCHOOL YEAR

**PUBLIC SCHOOL DISTRICT OF RESIDENCE**

**STUDENT INFORMATION**

LAST NAME		FIRST NAME		MIDDLE NAME	GENDER
					<input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS			CITY	STATE	ZIP
BIRTH DATE			SOCIAL SECURITY #	RELIGION	
REGISTERED PARISH			PARISH ADDRESS		
PLACE OF BIRTH (CITY & STATE)					

**PARENT / GUARDIAN INFORMATION**

MOTHER'S NAME		ADDRESS			
HOME TELEPHONE	CELL NUMBER	EMPLOYER		OCCUPATION	
WORK TELEPHONE	EMAIL		RELIGION		
FATHER'S NAME		ADDRESS (IF DIFFERENT FROM ABOVE)			
HOME TELEPHONE	CELL NUMBER	EMPLOYER		OCCUPATION	
WORK TELEPHONE	EMAIL		RELIGION		

**EMERGENCY CONTACT INFORMATION**

NAME		CELL NUMBER	RELATIONSHIP
1.			
2.			
PHYSICIAN			TELEPHONE

**MEDICATIONS AND ALLERGIES (PLEASE LIST ALL)**


**PREVIOUS SCHOOL**
 PRESCHOOL       ELEMENTARY

NAME	FULL ADDRESS

**INDIVIDUAL SERVICE PLAN (ISP)**
**DOES YOUR CHILD CURRENTLY HAVE AN INDIVIDUAL SERVICE PLAN (ISP)?**     YES       NO

**IF YES, PLEASE SUBMIT THE PLAN TO THE SCHOOL OFFICE.**
**SACRAMENTS RECEIVED**

SACRAMENT	PARISH	DATE RECEIVED	CITY	STATE	ZIP
BAPTISM					
FIRST PENANCE					
FIRST COMMUNION					
CONFIRMATION					

**SIBLING INFORMATION**

FULL NAME	DATE OF BIRTH	CURRENT SDS STUDENT	GRADE
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**HOME SITUATION (PLEASE CHECK ALL THAT APPLY)**
 Parents Reside Together                       Single Parent                       Mother Remarried  
 Parents Separated                               Guardian Cares for Child                       Father Remarried  
 Parents Divorced

**CHILD/CHILDREN RESIDE WITH THE FOLLOWING**

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**PARENT POSSESSING LEGAL CUSTODY**

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*In the case of separation/divorce, the custodial parent must provide an official copy of the custody section of the separation/divorce decree.*