

JOHN CARROLL CATHOLIC HIGH SCHOOL



REGISTRATION FORM

3402 Delaware Avenue

Fort Pierce, Florida 34947-6116

772-464-5200 Guidance Fax: 772-489-4259

Email: guidance@johncarrrollhigh.com

Student's Name _____ Grade Entering _____ Date _____
(last) (first) (middle) (Jr., III, etc.)

Date of Birth _____ Place of Birth _____

Sex _____ Social Security # _____ Immigration Status if not U.S. Citizen _____

Street Address _____ City/State/Zip _____

Telephone _____ Parents' Email Address _____

Religion of Student _____ Church Affiliation _____

School Presently Attending _____ Location _____

Health or Learning Problems _____

Father's Name _____ Home Phone _____

Occupation _____ Work Phone _____

Mother's Name _____ Home Phone _____

Occupation _____ Work Phone _____

Guardian's Name (if not parent) _____ Relationship _____

Student lives with: Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____

Check any that apply: Father deceased _____ Mother deceased _____ Parents separated _____ Parents divorced _____

Custodial Parent is _____

If parents are divorced, you must supply documentation verifying legal custody and/or rights.

NOTIFY IN CASE OF EMERGENCY: (Other than parent or guardian)

Name _____ Telephone _____ Relationship to Student _____

Address _____ City/State/Zip _____

Physician's Full Name _____ Telephone _____

(over)

To whom should bills, reports, etc. be sent? _____
Address _____ City/State/Zip _____
Additional school mailings should be sent to: _____
Address _____ City/State/Zip _____

As a parent (guardian), I the undersigned, agree to pay tuition and fees, and comply with all other policies while my child is attending John Carroll High School. I also agree to give my time, interest, and finances to John Carroll High School to the best of my ability.

Signature _____ Date _____

I promise to know the rules and regulations of John Carroll High School and abide by them. I also promise to be active in extracurricular activities since it is the philosophy of the school to build the total community of the school, family and church. I want to be at John Carroll High School.

Student's Signature _____ Date _____

Have you ever been charged with or subject to disciplinary action for scholastic or any type of misconduct while attending any previous school? Yes _____ No _____
If yes, please explain on a separate sheet of paper and attach to this application.

REQUIRED SCHOOL RECORDS:

Incoming 9th Grade only

All other students

7th and 8th grade semester averages
and proof of 8th grade promotion

Official transcript from previous high school

STATE REQUIREMENTS

Florida state law requires that you complete and submit an HRS 680 Immunization Form prior to admittance. Students moving from out of state must submit a health examination form. You are also required to submit an original birth certificate (for a file copy to be created) and a copy of the student's social security card.

BLANKET PERMISSION SLIP (Please circle the appropriate statement)

My child _____ has permission/does not have permission to leave the John Carroll High School campus during school hours for reasons left to the discretion of the administration.

Signature of Parent or Guardian _____ Date _____

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize John Carroll High School to release the records of _____
(Name of Student)
to institutions requesting them for acceptance into colleges, other high schools, military, or business firms.

Signature of Parent or Guardian _____ Date _____