



ST. PAUL PARISH SCHOOL

Office of the Principal

6901 Dixie Highway
Office: 502-935-5511

Louisville, Kentucky 40258
Fax: 502-935-5596

email: kevin.brever@saintpaulschool.net

GRADE _____

REGISTRATION FORM FOR NEW STUDENTS

Child's Name _____
(Last) (First) (Middle)

Name student wants to be called: _____

Race: _____

Address: _____

Family Email Address: _____

Phone Number: _____

Child's Date of birth: _____

Child's Social Security Number: _____

*****Effective August 1, 2017 (2017-18 School year)
children will need to be age 3 (Pre-School),
age 4 (Pre-Kindergarten), age 5 Kindergarten
and age 6 grade 1 by August 1, 2017*****

Family Parish: _____

Child's Religion: _____

Child's Baptismal Date & Church: _____

Mother's Name:

(Last) (First) (Middle) (Maiden Name)

Father's Name:

(Last) (First) (Middle)

"Journey With Us"

**REGISTRATION FORM FOR
NEW SCHOOL FAMILIES/CHILDREN**

School _____ Parish _____

FAMILY INFORMATION

Mother _____

Father _____

Current Family Data

	MOTHER	FATHER
Relationship (Parent,step-parent, guardian, deceased, grandparent)		
Marital status (married, single, deceased, divorced/remarried, separated)		
Email Address		
Street		
City/State/ Zip		
Home Phone		
Work Phone		
Religion		
Employer		
Employer Address		
Occupation		
Birth Country		

Direct Correspondence to:

Street _____

City/State/Zip _____

Phone _____

Publish in School Directory Y/N

Language spoken at home _____

Names and birthdays of ALL children in family (list pre-school children first)

Boys _____

Girls _____

Custody (if applicable)

Single (Y/N) _____

Name _____

Joint (Y/N) _____

Names _____

If you and the physician of your choice, as indicated on back, cannot be reached in an emergency and, if in the judgement of the school a immediate medical and/or hospital attention is indicated do you authorize the school authorities to send your child (properly accompanied to an available hospital or physician? Yes No (circle one)

Signature: _____

Date ____ / ____ / ____

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed.

This consent is granted only after reasonable effort has been made to reach me. Yes No (circle one)

Signature: _____

Date ____ / ____ / ____

CHILD'S INFORMATION

Name _____ Child's social security _____
 Sex: _____ Race: _____
 Date of Birth _____ Birth City/State _____
 Proposed Grade Placement _____
 Oldest (Y/N) _____ Transportation _____

Child's Birth Country _____ First language child learned to speak _____
 How did you hear about St. Paul? _____ Language child speaks most often _____
 If referred, families name: _____
 After school child goes to:
 Place: _____ Phone _____
 Contact: _____

Religious Records:

Religion _____

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptismal				
First Communion				
First Reconciliation				
Confirmation				

Health/Emergency Information

First Contact/Relation _____ Phone _____
 Second Contact/Relation _____ Phone _____
 Doctor _____ Phone _____
 Hospital _____ Phone _____
 Health/Physical Limitations _____
 Medicine(s) _____
 Instructions/Allergies _____
 Immunization Expiration Date _____

Transferred Information

School _____
 Address _____
 Entered _____ / _____ / _____ Withdrew _____ / _____ / _____

Reason code

- 1 - Completed Kindergarten
- 2- Moved
- 3- Illness
- 4 - Parent Choice
- 5 - Other

Signature: _____ Date _____ / _____ / _____

FOR OFFICE USE ONLY

Pre-registration Fee paid _____	Tylenol permission on file (Y/N) _____
Received by _____	Records Requested (Y/N) _____ Date _____ / _____ / _____
Batismal Certificate Verified (Y/N) _____	Application Status (Circle one)
Immunization Certificate (original copy) (Y/N) _____	1A- Siblings
Date of Expiration _____	1B- Oldest
Physical Exam Certificate (Y/N) _____	1C- Non- Catholic
Birth Certificate Verified (Y/N) _____	Registered in Parish (Y/N) _____
Accepted/Not Accepted _____	Notified _____ / _____ / _____