

# ALL SOULS CATHOLIC SCHOOL

*A Blue Ribbon School of Excellence*

810 S. Oak Avenue, Sanford, FL 32771 | 407-322-7090

## STUDENT INFORMATION FORM

Registration Date \_\_\_\_\_

Registering for Grade \_\_\_\_\_

Grade(s) Sibling(s) Registering \_\_\_\_\_

Parish \_\_\_\_\_

Envelope # \_\_\_\_\_

### For Office Use Only

Date Accepted \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Waiting List

1 / 2 / 3 NonFR FR C NC \_\_\_\_\_

PreK 3 PreK 4

Days: 5 / 3 / 2 Hours: 8-2 / 8-3 Permission from Pastor: Y / N

**PLEASE PRINT ALL INFORMATION CLEARLY**

### Student's

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Lives with: Both Parents  Mother  Father  Other \_\_\_\_\_

Age by Sept. 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_

Religion \_\_\_\_\_ Sacraments Received: Baptism  Communion  Penance  Confirmation

**NEW CENSUS REGULATIONS REQUIRE THE FOLLOWING IN REGARD TO RACE AND ETHNICITY.**

**CHOOSE ONE:** Hispanic or Latino  Not Hispanic or Latino

**PLEASE MARK ALL CATEGORIES BY WHICH YOU IDENTIFY YOUR CHILD.**

American Indian or Alaskan Native  Asian  Black or African-American  Native American or other Pacific Islander  White  Other

**Father's Name** \_\_\_\_\_ Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone (if different) ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone (if different) ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Schools Student Attended \_\_\_\_\_ Address \_\_\_\_\_ Grades (K-8) \_\_\_\_\_

Does the student have any illnesses, physical condition, allergies, etc., of which the school should be aware? \_\_\_\_\_

Has your child ever been recommended to be tested for:

Gifted Program  ADHD (Hyperactivity)  Learning Disability  IEP  504 Plan  Other \_\_\_\_\_

Was the testing completed? Yes  No  Results of the testing? (Please attach copy if available.) \_\_\_\_\_

All Souls Catholic School does not discriminate against applicants and students on the basis of race, color and national or ethnic origin.