



ST. ANASTASIA CATHOLIC SCHOOL

2018-2019 STUDENT REGISTRATION FORM

Grade Entering (Please circle one)

PreK3
Morning

PreK3
School Day

PreK4 - VPK
Morning Only

PreK4
School Day

K

1

2

3

4

5

6

7

8

Student's Information	Please write in this column
First Name	
Middle Name	
Last Name	
Mailing Address	
City, State, Zip	
Home Phone	
Date of Birth: (mm/dd/yyyy)	
City, State and Country of Birth	_____ - _____ - _____
Gender	_____ Male _____ Female
Ethnic Origin	_____ Hispanic _____ Non-Hispanic
Race	<input type="checkbox"/> American Indian/ Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Two or more races
Religion	_____ Catholic _____ Non-Catholic
Has the student been Baptized?	_____ Yes _____ No Name of Church _____
Has the student received First Holy Communion?	_____ Yes _____ No Name of Church _____
Does the student have any life-threatening medical conditions that would necessitate a school staff member administering medication, injection, or other treatment to prevent death?	_____ Yes _____ No If yes, please send an explanation to the school office.
Other Health Instructions	
Student's Social Security Number	
Student lives with	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father and Step-Mother <input type="checkbox"/> Mother <input type="checkbox"/> Mother and Step-Father <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other _____

Office Use Only

Amt. Paid _____	Cash/CK# _____
Date _____	SUFS _____
School ID# _____	Library # _____
Start Date _____	Employee _____

Student Information, continued

Has the student been recommended and/or tested for academic, behavioral, psychiatric, or physical or emotional conditions?	<input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Language <input type="checkbox"/> Learning Disability <input type="checkbox"/> Gifted <input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Dyslexia <input type="checkbox"/> Psychological <input type="checkbox"/> Speech <input type="checkbox"/> Other _____
Has the student received any individual educational programming, including, but not limited to:	<input type="checkbox"/> IEP <input type="checkbox"/> AIP <input type="checkbox"/> 504 Plan

St. Anastasia Catholic School's staff is committed to meeting the needs of all students, in so far as possible. There are some conditions, however, for which the school cannot provide the necessary resources.

How did you find out about St. Anastasia? _____

FAMILY INFORMATION	Father	Mother
First Name		
Last Name		
Mailing Address		
City, State, Zip		
Home Phone Number		
Cell/Mobile Phone Number		
E-Mail Address		
Employer		
Work Number		
Occupation		
Religion		
Member of which Parish or Church		

Information for Joint-Custodial or Non-Custodial Parent

First Name	
Last Name	
Mailing Address	
City, State, Zip	
Home Phone Number	
Cell/Mobile Phone Number	
Employer	
Work Number	
Occupation	
Would joint custodial or non-custodial parent like to receive a copy of student's report card?	Yes _____ No _____
If joint custodial or non-custodial parent would like to receive the weekly newsletter please provide an e-mail address.	

**Please list below two adults (other than yourself) who may pick up your child.
(Please let the office know if these numbers change during the year.)**

	1.	2.
First Name		
Last Name		
Relationship to student		
Home Phone Number		
Cell/Mobile Phone Number		
Work Number		

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**Please submit the following documents:**

1. A current DH680 Form (Department of Health immunization form) - Students entering St. Anastasia School are required by the Diocese of Palm Beach to have received all required immunizations. We are no longer accepting any exemptions, with the caveat that we would consider medical exemptions on a case by case basis if there are potentially life-threatening consequences for the child.
2. a copy of the student's most recent report card (for student's entering grades 1-8)
3. a copy of the student's most recent national standardized test scores (for students entering grades 3-8)

**For student's entering grades 1-8, acceptance to St. Anastasia Catholic School is based upon an administrative review of the student's national standardized test scores (students entering grades 3-8), the student's report card and the results of the entrance test taken by the student.**

**Please list any school this student has attended within the last two years, including pre-school.**

Name of School \_\_\_\_\_ Years Attended \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Name of School \_\_\_\_\_ Years Attended \_\_\_\_\_

City, State and Zip \_\_\_\_\_

As parent or legal guardian, I give the St. Anastasia Catholic School administrators permission to confer orally or in writing with my child's previous school personnel about academics and behavior.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

=====  
I understand that all new students in any grade level will be considered probationary for their first 90 school days.

I understand that our family must meet the requirements outlined on the Family Acknowledgement Form in order to receive the subsidized tuition rate.

Upon the acceptance of our child, I/we agree to read and discuss the school handbook and the school's technology policy with our child and abide by these rules and any other policies, rules and practices of St. Anastasia Catholic School. This includes following all uniform regulations for students.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

