



# ST. ANASTASIA CATHOLIC SCHOOL

## 2021-2022 STUDENT REGISTRATION FORM

### PreK4 - VPK Morning only

How did you find out about St. Anastasia? \_\_\_\_\_

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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Origin	<input type="checkbox"/> Hispanic <input type="checkbox"/> 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	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
Has the student been Baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Church _____
Has the student received First Holy Communion?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please send an explanation to the school office.
Other Health Instructions	
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.

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

**Joint-Custodial or Non-Custodial Parent – (Relationship to child \_\_\_\_\_)**

First Name	
Last Name	
Mailing Address	
City, State, Zip	
Home Phone Number	
Cell 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. e-mail _____	

**Please list below two adults (other than yourself) who may pick up your child.**

Date \_\_\_\_\_

(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 Phone Number		
Work Number		

**Please submit the following documents:**

1. Student's Birth Certificate
2. 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.

**Please list any school this student has attended within the last two years.**

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

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**I understand that all new students will be considered probationary for their first 90 school days.**

**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