



Visitation Catholic STEM Academy New K-8 Student Registration

Please attach \$40.00 Non-Refundable Application Fee per Family

CHILD IS ENTERING GRADE _____ IN THE _____ SCHOOL YEAR.

STUDENT INFORMATION			
Last Name	First Name	Middle Name	
Home Address	City/State/Zip		
Birthdate	Birth Place	Sex	Current Age
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Arrangement			
Parental Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Who has legal custody? _____			
Child is: <input type="checkbox"/> Adopted <input type="checkbox"/> Foster Child <input type="checkbox"/> Natural <input type="checkbox"/> Other			
FATHER/GUARDIAN Catholic <input type="checkbox"/> yes <input type="checkbox"/> no Registered in _____ Parish			
Last Name	First Name	Phone (H)	
Home Address	City/State/Zip		
Employer/Occupation		Work Phone	
Email	Pager	Cell Phone	
MOTHER/GUARDIAN Catholic <input type="checkbox"/> yes <input type="checkbox"/> no Registered in _____ Parish			
Last Name	First Name	Phone (H)	
Home Address	City/State/Zip		
Employer/Occupation		Work Phone	
Email	Pager	Cell Phone	
SIBLING INFORMATION			
Ages of siblings attending Visitation Catholic STEM Academy			
Ages of siblings not attending Visitation Catholic STEM Academy			
SCHOOL APPLICATION			
Most recent school attended:			
Address		Phone #:	
Name of local neighborhood school (for reporting purposes)			
Has your child ever been suspended, expelled or had discipline difficulty in school? Please explain briefly:			
Has your child ever had an Individual Education Plan? If yes, in what grade?			

How did you hear about Visitation Catholic STEM Academy?

STUDENT SACRAMENTAL INFORMATION:

Baptism Date	Church	City/State/zip
First Eucharist Date	Church	City/State/zip
First Reconciliation	Church	City/State/zip

EMERGENCY CONTACT INFORMATION - Local Contacts Only Please
 Persons to contact in case of an emergency (if parent/guardian cannot be reached) and who are authorized to pick up the student at school.

Emergency Contact Person 1	Work Phone	Home Phone	Relationship
Emergency Contact Person 2	Work Phone	Home Phone	Relationship
Babysitter/Daycare Name	Address	Phone Number	
Local Physician	Address	Phone Number	
Local Dentist	Address	Phone Number	
Ethnic Background for Reporting Purposes (optional). Please check one: Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (not Hispanic origin) <input type="checkbox"/>			
Are you aware of any learning, physical or emotional difficulties with you child/ren? ___yes ___no If yes, please explain:			
Special Medical Information or Instructions (ie: allergies, asthma):			

Grandparents' name and address (to mail newsletter and other school mailings)

Signature : _____ Date: _____