



Our Lady of Providence Regional School

Diverse in Body, One in Spirit

Registration Information 2018-2019

STUDENT INFORMATION

DATE: _____

First Name: _____ Middle: _____ Last: _____

Grade 9/2018: _____ School District: _____ Gender: _____

Date of Birth: _____ Place of Birth: _____

Home Address:

Street: _____

City/State: _____ Zip: _____

Home Phone #: _____ Cell Phone#: _____

Ethnicity:

Is the student Hispanic or Latino: Yes No

Race: (Please check one)

American Indian or Alaskan Native Asian or Pacific Islander Black, or of Hispanic Origin
 White, not of Hispanic Origin

Living With: (Please check one)

Both Parents Father Mother Guardian Foster Parent
 Step Father Step-Mother

Who has legal custody? _____ Who has legal documents? _____

Language Spoken at Home (Please check one)

English Spanish French Other

Citizenship: (Please check one)

Native Born Naturalized Resident Alien Non-Resident Alien



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PARENT/GUARDIAN INFORMATION

Father's Name: _____ **Father's Birthplace:** _____

Father's Home Phone #: _____ **Father's Work Phone #:** _____

Father's Cell Phone #: _____ **Father's E-mail:** _____ @ _____

Father's Employer: _____ **Father's Occupation:** _____

Business Address: _____ **Religion:** _____

Mother's Name: _____ **Mother's Birthplace:** _____

Mother's Home Phone #: _____ **Mother's Work Phone #:** _____

Mother's Cell Phone #: _____ **Mother's E-mail:** _____ @ _____

Mother's Employer: _____ **Mother's Occupation:** _____

Business Address: _____ **Religion:** _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Emergency Contact #2

Emergency Contact #3

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____



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MEDICAL INFORMATION

Doctor

Dentist

Please List Allergies Below

Name:	_____	_____	_____
Address:	_____	_____	_____
Phone #:	_____	_____	_____

I verify that all information given is correct and accurate. In the event of any changes, I will inform Our Lady of Providence School.

PARENT/GUARDIAN SIGNATURE: _____



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Date: _____

School

Address

City State Zip

Dear Principal,

_____ in grade _____ has applied for admission to Our Lady of Providence School for the _____ school year. In order to assist us in ascertaining the academic needs of the above, would you please complete the following:

The above named student,

1. Is capable of average academic achievement _____
2. Has received psycho-educational evaluation _____
3. Is learning disable _____
4. Experiences emotional problems _____
5. Is Disruptive
6. Has been recommended for retention in the present grade _____

Indicate any special academic programs the child has been involved in, or recommended for such as self-contained special education _____

Please send all records on the above student, including, **Health Records, Academic Records including test results, Psychological Records and/or tests.**

PARENT SIGNATURE _____

*Sharon Swift
Principal*