

Please Print Clearly



Our Lady of Victory Catholic School Student Registration Form

OFFICE USE ONLY Health Exam _____
Birth Cert. _____ Immuniz. _____

School Year: _____ New Family Re-enrolling Family Religion: _____

Student #1 Name: Legal Last Name		Legal First Name		Legal Middle Name		Also known as:	
Birthdate (Month/Day/Year)		Gender M F		Birthplace: City State Country		US Citizen Yes No	
Primary language spoken by student <input type="checkbox"/> English <input type="checkbox"/> Other _____				Ethnicity of student: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Primary language spoken by parent/guardian (other than English) Mother _____ Father _____				Race of student: <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> African American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native			
Student #2 Name: Legal Last Name		Legal First Name		Legal Middle Name		Also known as:	
Birthdate (Month/Day/Year)		Gender M F		Birthplace: City State Country		US Citizen Yes No	
Primary language spoken by student <input type="checkbox"/> English <input type="checkbox"/> Other _____				Ethnicity of student: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Primary language spoken by parent/guardian (other than English) Mother _____ Father _____				Race of student: <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> African American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native			
Student #3 Name: Legal Last Name		Legal First Name		Legal Middle Name		Also known as:	
Birthdate (Month/Day/Year)		Gender M F		Birthplace: City State Country		US Citizen Yes No	
Primary language spoken by student <input type="checkbox"/> English <input type="checkbox"/> Other _____				Ethnicity of student: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Primary language spoken by parent/guardian (other than English) Mother _____ Father _____				Race of student: <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> African American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native			
Primary Household Information							
Primary Household Parent/Guardian #1 Last Name First Name				Student lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only			
Primary Household Parent/Guardian #2 Last Name First Name				<input type="checkbox"/> Joint Custody <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather			
				<input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Resident Address		Street		Apt. # City		State Zip	
Mailing Address (if different from above)		Street		Apt. # / PO Box City		State Zip	
Primary Household Parent/Guardian #1 Contacts Please check primary phone; include area code				Primary Household Parent/Guardian #2 Contacts Please check primary phone; include area code			
<input type="checkbox"/> Home phone: () _____				<input type="checkbox"/> Home phone: () _____			
<input type="checkbox"/> Work phone: () _____				<input type="checkbox"/> Work phone: () _____			
<input type="checkbox"/> Cell phone: () _____				<input type="checkbox"/> Cell phone: () _____			
Email Address: _____				Email Address: _____			

Secondary Household Information

Secondary Household Parent/Guardian #1 Last Name _____ First Name _____		Student lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only				
Secondary Household Parent/Guardian #2 Last Name _____ First Name _____		<input type="checkbox"/> Joint Custody <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather				
		<input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Other				
Secondary Address	Street _____	Apt. # _____	City _____	State _____	Zip _____	
Mailing Address (if different from above)	Street _____	Apt. # / PO Box _____	City _____	State _____	Zip _____	

Secondary Household Parent/Guardian #1 Contacts Please check secondary phone; include area code <input type="checkbox"/> Home phone: () _____ <input type="checkbox"/> Work phone: () _____ <input type="checkbox"/> Cell phone: () _____ Email Address: _____	Secondary Household Parent/Guardian #2 Contacts Please check secondary phone; include area code <input type="checkbox"/> Home phone: () _____ <input type="checkbox"/> Work phone: () _____ <input type="checkbox"/> Cell phone: () _____ Email Address: _____
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Do you want to disclose to school officials a joint custody, parenting plan, or other legal document, if any, affecting parental rights regarding the student? Yes No If yes, please attach current copies of such documents.

Do you want to disclose to school officials any restraining orders, if any, against other individuals who may be present at school and that the order relates to the student? Yes No If yes, please attach current copies of such documents.

Previous Schools Attended

Has your child ever attended a school in the Diocese of Fresno? Yes No Which one? _____

Has your child ever been retained? Yes No If yes, in what grade? _____

School Name	Address	City	State	Date from/to	Grade Attended

Kindergarten Information

Did child attend Our Lady of Victory Preschool? Yes No

For Kindergarten student, please indicate pre-school attended: _____

Special Services

Has your child ever qualified for or been enrolled in a Special Ed Program? Yes No

Has your child ever participated in? Title 1 IEP Gifted Speech Therapy Other: _____

Has your child ever been enrolled in an English as a Second Language Program? Yes No

Family Members Please list other family members attending Our Lady of Victory School (ex: cousins) Please include previous graduates

Last Name	First Name	Year Graduated or Date Attended	Relation to Student

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student.

Parent/Guardian Signature _____ Date _____