

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"/> 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"/> 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"/> White <input type="checkbox"/> African American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native			
<b>Primary Household Information</b>							
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 <b>Please check primary phone; include area code</b>				Primary Household Parent/Guardian #2 Contacts <b>Please check primary phone; include area code</b>			
<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		Student lives with		
Last Name	First Name	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Mother only

Secondary Household Parent/Guardian #2		<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Mother/Stepfather
Last Name	First Name	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other

Secondary Address	Street	Apt. #	City	State	Zip
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Mailing Address (if different from above)	Street	Apt. # / PO Box	City	State	Zip
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Secondary Household Parent/Guardian #1 Contacts <b>Please check secondary phone; include area code</b>	Secondary Household Parent/Guardian #2 Contacts <b>Please check secondary phone; include area code</b>
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<input type="checkbox"/> Home phone: (      ) _____	<input type="checkbox"/> Home phone: (      ) _____
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<input type="checkbox"/> Work phone: (      ) _____	<input type="checkbox"/> Work phone: (      ) _____
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<input type="checkbox"/> Cell phone: (      ) _____	<input type="checkbox"/> Cell phone: (      ) _____
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Email Address:	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 \_\_\_\_\_