

**Saint Jerome Catholic School**  
**Registration Form**

For office use only \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
Last First Middle Initial

Student's Home Address \_\_\_\_\_

Home Telephone Number(\_\_\_\_) \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Ethnic Background (Check one): Religion of Child (Check one)  
\_\_\_\_ White \_\_\_\_ Asian \_\_\_\_ Catholic  
\_\_\_\_ Black \_\_\_\_ American Indian/Native Alaskan \_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Hispanic \_\_\_\_ Pacific Islander (specify) \_\_\_\_\_  
\_\_\_\_ Multiracial Name of Parish \_\_\_\_\_

Email \_\_\_\_\_ Envelope# \_\_\_\_\_

Name(s) & Age(s) of Siblings \_\_\_\_\_

Indicate Pertinent Medical Information (eye/hearing disorder, asthma, allergies, etc.) \_\_\_\_\_

Are you aware of any psychological/educational/emotional concerns that would affect your child's academic success?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please specify \_\_\_\_\_

Does your child currently have a learning plan (IEP)? Yes \_\_\_\_ No \_\_\_\_ If so please attach to form.

School the student currently attends \_\_\_\_\_

Is this student currently enrolled in CCD? Yes \_\_\_\_ No \_\_\_\_ If yes, where? \_\_\_\_\_

Roman Catholic Baptism \_\_\_\_\_  
Date \_\_\_\_\_ Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

Roman Catholic Communion \_\_\_\_\_  
Date \_\_\_\_\_ Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

Roman Catholic Confirmation \_\_\_\_\_  
Date \_\_\_\_\_ Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

**Parent Information**

Father (if other, please specify \_\_\_\_\_)  
Name \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_

Religion \_\_\_\_\_

Country of Birth \_\_\_\_\_

Employed By \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Parent's Marital Status (Check one): Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_

Student Lives With (Check one): Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Mother/Stepfather \_\_\_\_ Father/Stepmother \_\_\_\_

Other (Please specify) \_\_\_\_\_

Mother (if other, please specify \_\_\_\_\_)  
Name \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_

Religion \_\_\_\_\_

Country of Birth \_\_\_\_\_

Employed By \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

**The school is authorized under Federal law to enroll nonimmigrant alien students. (8 C.F.R &214.3(j))**

The State of Florida requires 680-A Immunization Form on file for all students, and a recent physical for all students.

Did an administration, teacher, staff member or family of another student at St. Jerome School recommend our school to you?  
If so please provide name \_\_\_\_\_