

Saint Veronica Catholic School Registration

APPLICATION FOR
Rainbow Patch, Kindergarten and Grades 1-8



Please check grade: _____ Kindergarten _____ Grade
3 Year Rainbow Patch Old Program
Tues, Thurs, _____ AM _____ PM _____ Full Day Mon – Fri _____ AM _____ PM _____ Full Day
4 Year Old Rainbow Patch Program
_____ Mon, Wed, Fri - 1/2 day AM sessions only _____ Mon, Wed, Fri - full day sessions
_____ 5 half day sessions _____ 5 full day sessions

Please print neatly

Child's Name: _____ Sex: _____
Last First Middle
Address: _____
Street Town Zip
Mailing Address: _____
Street Town Zip
Home Phone: _____
Child's Place of Birth: _____ Birth Date: _____
City & State
Born in another country: _____ Date moved to U.S. _____
Country of Citizenship _____
Religion: _____ Registered Parish: _____

Public School District: _____
Resident Public Elementary School: _____
School or Pre-School Admitted From: _____
Grade: _____ School Phone #: _____
Does your child currently have an Individualized Service Plan (ISP)? Yes _____ No _____
If yes, please provide copy of the plan so that application process may continue to completion.
Are you registering any other siblings at this time? Yes _____ No _____ What grade: _____
Reason for Transfer: _____

<u>Sacramental History:</u>	<u>Parish</u>	<u>City/State</u>	<u>Date</u>
Baptism:	_____	_____	_____
First Penance:	_____	_____	_____
First Eucharist:	_____	_____	_____
Confirmation:	_____	_____	_____

<u>Family Background:</u>
Father's Name: _____ Religion: _____
Occupation: _____ Business Name: _____
Work Phone #: _____ Father's Cell Phone #: _____
Father's e-mail address: _____

Mother's First & Maiden Name: _____ Religion: _____
Occupation: _____ Business Name: _____
Work Phone # _____ Mother's Cell Phone #: _____
Mother's e-mail address: _____

Parent's Date of Marriage: _____ Parish: _____
Address of Parish _____

Custodial Guardian's Name _____ Religion: _____
Relationship of Guardian to Student: _____
Occupation: _____ Business Name: _____
Work Phone # _____ Guardian's Cell Phone #: _____
Guardian's e-mail address: _____

Child Resides With: _____
Family Situation:
<input type="checkbox"/> Two Parents <input type="checkbox"/> One Parent <input type="checkbox"/> Parents Separated/Divorced
<input type="checkbox"/> Restructured – Mother/Stepfather <input type="checkbox"/> Resides with Guardian
<input type="checkbox"/> Restructured – Stepmother/Father

Siblings in St. Veronica:

Name	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other siblings:

Parish Information:

Date Parents Moved into St. Veronica _____ Date Parents Registered _____

Regular Use of Church Envelope _____ Envelope Number _____

Active Parish/School Involvement: (Please Mark Yes or No)

_____ Regular Attendance at Mass _____ Eucharist Minister

_____ Lector or Usher _____ Knights of Columbus

_____ PTA Volunteer _____ Festival Worker

_____ Religious Ed Teacher _____ Scouting (Boy or Girl)

Other: _____

Name and Address of Parish in which you reside if other than St. Veronica: _____

New families applying to St. Veronica School are required to produce necessary documentation and pay the fees outlined in this form. Note: Registration fees are non-refundable.

In case of separation or divorce, the custodial parent must provide an official copy of the custody section of the separation/divorce decree.

We ask that all tuition payments be made regularly and on time during the coming school year.

All parents are expected to work Bingo. Schedules of times for working Bingo will be distributed at a later date.

Parent's signature: _____

Office Use:

Registration Fee: _____ Cash _____ Check No. _____ Date Paid _____

Documents Received: _____ Immunization Record
_____ Report Card
_____ Standardized Tests
_____ Birth Certificate
_____ Baptismal Certificate
_____ Child Study Team Evaluation

Registration Form Processed: Entered _____
Waiting List _____
Accepted _____
Rectory _____
Bingo _____