



Our Lady of Providence Regional School

Diverse in Body, One in Spirit

Registration Information 2019-2020

STUDENT INFORMATION

DATE: _____

First Name: _____ Middle: _____ Last: _____

Grade 9/2019: _____ School District: _____ Gender: _____

Date of Birth: _____ Place of Birth: _____

Home Address:

Street: _____

City/State: _____ Zip: _____

Ethnicity:

Is the student Hispanic or Latino: Yes No

Race (Please check one)

American Indian or Alaskan Native Asian Black
 Native Hawaiian/Pacific Islander White

Living With: (Check all that apply)

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

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

Primary 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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Registration Information 2019-2020

Church Record:

Student's Religion: _____

Parish of Residence (Where you are registered/attend): _____

Date of Baptism: _____

Baptism Church: _____ City/State: _____

Date of Communion: _____

Communion Church: _____ City/State: _____

Does your child receive Special Education Services from your District? Yes No

Does your child have any special needs that we should be aware of: Yes No

Does your child have an IEP? If YES, please provide a copy. Yes No

Previous School:

Name: _____

Address: _____ Phone #: _____

Family Information:

First and Last Names of Siblings:

_____ School _____

_____ School _____

_____ School _____



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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:** _____

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:** _____

Religion: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Emergency Contact #2

Emergency Contact #3

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____



Registration Information 2019-2020

MEDICAL INFORMATION

Doctor

Dentist

Name: _____

Phone #: _____

Please list any allergies: _____

Please list any medical conditions: _____

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