

**ST. FRANCIS CATHEDRAL SCHOOL
PRE-KINDERGARTEN REGISTRATION FORM**

Date of Registration _____ **2010-2011**

Name of Student _____ Sex M___ F___

Address _____ City _____

State/Zip Code _____ Phone Number _____

Program: 3 yr. _____ 4yr. _____

Place of Birth _____ Date of Birth _____

Verified

Religion _____

Church of Baptism _____ Date of Baptism _____

Verified

Color/Ethnic background of student: Caucasian Black Hispanic Asian Multi Racial
(Please Circle One)

Parishioner of: _____

Father's Name: _____ Living _____ Deceased _____
Last Name First Name

Religion _____

Place of Employment _____

Occupation _____ Work Phone Number _____

Cell Phone Number _____

Mother's Name: _____ Living _____ Deceased _____
Last Name First Name

Mother's Maiden Name: _____ Religion _____

Place of Employment _____

Occupation _____ Work Phone Number _____

Cell Phone Number _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

If divorced, who is the custodial parent? Mother _____ Father _____ Both _____

Emergency Numbers: List three (someone who is nearby and available to pick up your child in case of an emergency)

Name	Relationship	Number

Brother/Sisters:

Name	Age	School	Grade

Language spoken at home other than English _____

Language spoken by student other than English _____

Has this student been evaluated by a Child Study Team of a local school district and/or private agency? _____

If yes, name of institution performing evaluation _____

Telephone Number: _____

Has this student had any psychological and/or neurological testing? _____

If yes, person or agency responsible for the testing _____

Telephone Number: _____

St. Francis Cathedral School admits students of any race, color, or ethnic origin. Filing this application form should not be deemed acceptance to St. Francis Cathedral School. An application will not be considered complete until all the necessary paper work has been submitted, including immunization records.

It is the policy of the Diocese of Metuchen that no child shall be admitted to a school without proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A. 26:1A-9. Proper immunization is a condition of admission to the school. No requests for religious exemptions will be considered.

Parent Signature _____ Date _____