

St. Joseph Catholic School
6500 Highland Drive
Vancouver, WA 98661
Phone 360-696-2586
Fax 360-696-0977

New Student Information
School Year 2010-2011

Student Name: _____	Sex (circle): M F	Grade Fall 2010 _____
Date of Birth: _____	Age as of Aug. 31, 2010: _____	Baptized Catholic? (circle) Yes No
Student Home Address: _____		
Parent(s) Name(s) : _____		
Parent Home Phone: _____	Cell Phone: _____	

To ascertain our ability to meet the needs of your child we request that you answer the following questions as accurately as possible.

1. Has your child been referred for or received special health services beyond ordinary care? No ____ Yes ____

If yes, please explain: _____

2. Has your child had any special health or learning needs? (e.g. autism, diabetes, allergies, ADD/ADHD, learning disabilities, tourett's, epilepsy etc.) No ____ Yes ____ If yes, please explain: _____

3. Is your child on any regular, ongoing medication? No ____ Yes ____ If yes, please list and explain: _____

4. Has your child been referred for or received any special services beyond ordinary class group instruction? (e.g. retained, accelerated, resource room, tutoring, gifted/challenge, ESL, etc.) No ____ Yes ____ If yes, please explain: _____

5. Has your child been referred for or received any special services for behavioral/disciplinary difficulties?

No ____ Yes ____ If yes, please explain: _____

(OVER)

6. Has your child ever been involved in illegal/unlawful activities? No _____ Yes _____ If yes, please explain:

7. Has your child had a disciplinary history at any previous schools? No _____ Yes _____ If yes, please explain.

We ask that you sign a release form and have the records sent to us. _____

8. Is your child in good standing (academic/discipline) at previous schools? No _____ Yes _____ If no, please explain: _____

9. Has your child been home-schooled? No _____ Yes _____ If yes, please explain: _____

10. What school did your child attend most recently? _____

School

Year

Grade

11. Has your child been referred for or received services for vision/speech? No _____ Yes _____ If yes, please explain: _____

12. Does your child want to be enrolled at St. Joseph Catholic School? No _____ Yes _____ If no, please explain:

(If you need more space to write please feel free to attach a separate sheet.)

The following must accompany this form for registration to be complete:

___ **Copy of birth certificate**

___ **Immunization form**

___ **Copy of most recent report card**
(if entering grades 1-8)

___ **Copy of baptismal certificate**
(if Catholic)

By signing below, I am verifying the accuracy of the above statements. I realize if this information is found to be untrue, my student's enrollment could be affected.

I give my permission for St. Joseph Catholic School to request information/records from previous schools, health care professionals, etc.

Parent/Guardian Signature: _____ Date: _____

_____ Date: _____