

# ALL SAINTS REGIONAL SCHOOL

Masontown, Pennsylvania 15461

## ENROLLMENT APPLICATION 2009-2010

All Saints Regional School is a private, non-public institution; as such the administration reserves the right to terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time.

**STUDENT DATA**

*Please Print*

**GRADE IN**

**SEPTEMBER 2009:** \_\_\_\_\_

<b>Child's Last Name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Address:</b>		<b>Gender Male / Female:</b>
<b>City:</b> <b>State:</b>		<b>Phone:</b>
<b>Birth Certificate No:</b>	<b>Date of Birth:</b>	
<b>Birth City / State:</b>	<b>Public School District:</b> (where you live)	
<b>Religion:</b>	<b>Parish where registered:</b> <b>Location of Parish:</b>	
<b>Ethnicity: (choose 1) <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island</b>		
<b>School Last Attended / Date Last Attended:</b>	<b>Address of School Last Attended:</b>	

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Emergency Phone:</b>	<b>Emergency Phone:</b>

<b>E-mail:</b>	<b>E-mail:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Employed At:</b>	<b>Employed At:</b>
<b>Business Phone:</b>	<b>Business Phone:</b>
<b>Religion:</b>	<b>Religion:</b>
<b>Parish where registered:</b>	<b>Parish where registered:</b>

**MOTHER (First & Last)**

**FATHER (First & Last)**

Please note any medical or dietary information necessary for management in an emergency situation, e.g. allergies, medication, special conditions:

**Date Received:** \_\_\_\_\_

• \$50.00 Non-Refundable Application Fee

Date Paid \_\_\_\_\_

**A copy of the child's immunization card must be presented with this application.**

**SACRAMENTAL INFORMATION:**

**DATE**

**CHURCH**

**ADDRESS**

\_\_\_\_\_

**Baptism**

\_\_\_\_\_

**Reconciliation**

\_\_\_\_\_

**Confirmation**

**BROTHERS / SISTERS IN ORDER OF BIRTH:**

**Name (First & Last)**

**Date of Birth**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

**GUARDIANSHIP:**

*Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical/shared custody.*

Child's legal guardian (if other than parent)

\_\_\_\_\_  
Relationship to the child  
\_\_\_\_\_

Check those that apply:

_____ Parents Married	_____ Parents Separated	_____
Parents Divorced		
_____ Parents not married	_____ Single Parent Family	_____
Mother Remarried		
_____ Mother Deceased	_____ Father Deceased	_____
Father Remarried		

Child resides with:  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER IMPORTANT NOTES CONCERNING YOUR CHILD:**

\_\_\_\_\_

**TUITION STATEMENTS SHOULD BE SENT TO:**      \_\_\_\_\_ Mother      \_\_\_\_\_ Father

**Or Other:    Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY:**

**Letter of Acceptance:** \_\_\_\_\_      **Information Packet sent:** \_\_\_\_\_

**Records Requested:** \_\_\_\_\_      **Transportation Notified:** \_\_\_\_\_