

ALL SAINTS REGIONAL SCHOOL

Masontown, Pennsylvania 15461

RE-ENROLLMENT APPLICATION 2009-2010

Please complete and return this Re-Application Packet by March 15, 2009. As All Saints Regional School is a private, non-public institution, 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: _____

Child's Last Name:	First:	Middle:
Address:		Gender Male / Female:
City: State:		Phone:
Birth Certificate No:	Date of Birth:	
Birth City / State:	Public School District: (where you live)	
Religion:	Parish where registered: Location of Parish:	
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		
School Last Attended / Date Last Attended:	Address of School Last Attended:	

MOTHER (First & Last)

FATHER (First & Last)

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:

E-mail:	E-mail:
Occupation:	Occupation:
Employed At:	Employed At:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:

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

Date Received: _____

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

SACRAMENTAL INFORMATION:

<u>DATE</u>	<u>CHURCH</u>	<u>ADDRESS</u>
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_____	_____	_____
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Baptism

_____	_____	_____
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Reconciliation

_____	_____	_____
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Confirmation

BROTHERS / SISTERS IN ORDER OF BIRTH:

<u>Name (First & Last)</u>	<u>Date of Birth</u>
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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:

<input type="checkbox"/> Parents Married	<input type="checkbox"/> Parents Separated	<input type="checkbox"/>
Parents Divorced		
<input type="checkbox"/> Parents not married	<input type="checkbox"/> Single Parent Family	<input type="checkbox"/>
Mother Remarried		
<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased	<input type="checkbox"/>
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:** _____