



DIOCESE OF MANCHESTER  
 Grades PreK-8



**Catholic School Registration**  
*Please print or type all information*

Date:

School Name:  City/Town

STUDENT INFORMATION

Student Name    Male   
 Female   
 Address:     
 Last First Middle  
 Street City/State/Zip Home Phone Number

Date of Birth  Current Grade  Registering for Grade:

Present School Name and Address:

Student's Religion:  Parish name and town

Will you be requesting parish support for tuition?  Yes  No

Date of Baptism:  Parish:  City/Town:

Date of First Reconciliation  Parish:  City/Town:

Date of First Eucharist  Parish:  City/Town:

Siblings?  Yes  No

Name :  Grade   
 Name :  Grade   
 Name :  Grade

**The following statistical information is for reporting purposes and will not be used in a discriminatory manner:**

The student is Hispanic or Latino  Yes  No

Ethnic Group  American Indian/Native  Asian  Black/African American  Native Hawaii/Pacific Island  
 White  Two or more races  Unknown

Catholic  Non Catholic

Have an educational plan (e.g.,ISP, IEP, 504) or class modifications ever been recommended for this student?  Yes  No

If yes, please specify

**MEDICAL INFORMATION**

Does the student suffer from any serious medical condition or allergy?  Yes  No

If yes, please list the condition(s) or allergy

Please list any special instructions related to the condition(s)

Does this student have asthma?  Yes  No

Does this student use an inhaler or epi-pen?  Yes  No

*Students carrying an inhaler or epi-pen must complete a separate form.*

Does this student require any medication throughout the day?  Yes  No

If yes, please list the medications and dosages:

Medication	<input type="text"/>	Dose	<input type="text"/>
Medication	<input type="text"/>	Dose	<input type="text"/>
Medication	<input type="text"/>	Dose	<input type="text"/>

*All medications must be presented in the original bottle with the prescription label and must be held in the health office.*

Student's Physician  Phone Number

**PARENT INFORMATION**

Student resides with: (please check all that apply)

Father  Mother  Stepfather  Stepmother  Guardian  Other (Please specify)

Student's parents are:  Married  Separated  Divorced  Never Married  Widowed

If never married, divorced or separated, who has legal custody or **decision-making responsibility** of the student? \*

Father  Mother  Both  Other (please specify)

If never married, divorced or separated, who has **physical custody or residential responsibility** of the student? \*

Father  Mother  Both  Other (please specify)

If never married, divorced or separated, who has primary **financial responsibility** of the student? \*

Father  Mother  Both  Other (please specify)

*\*Please provide a copy of any relevant court orders, such as Parenting Plan, Final Divorce Decree, or Guardianship Order.*

*The orders will be maintained in the student's file.*

Correspondence should be sent to:  Both parents  Father only  Mother only  Other (please specify)

**Name of Mother**

Dr.  Mrs.  Ms.  Other (please specify)

Name:   Living  Deceased

Maiden Name

Home Address:

Cell Phone:  E-mail:

Employer:  Title:

Business Address:  Business Phone:

**Name of Father**

Dr.  Mr.  Other (please specify)

Name:   Living  Deceased

Home Address (if different from above)

Cell Phone:  E-mail:

Employer:  Title:

Business Address:  Business Phone:

**If this student is under the care of a guardian, please attach Addendum A.**

**TUITION/FINANCIAL RESPONSIBILITY**

Please indicate who is responsible for tuition and other financial obligations:

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:       E-mail:

Employer:       Position:

Business Address:       Business Phone:

**EMERGENCY CONTACT INFORMATION**

Please list other persons authorized to care for the student if parents/guardians cannot be reached.

Name:       Phone:       Relationship:

Name:       Phone:       Relationship:

Name:       Phone:       Relationship:

The people named above have agreed to accept responsibility for my child if I cannot be reached in case of emergency during the school day. I understand that it is my responsibility to advise the school office if this information changes during the school year.

We certify that all information submitted in the registration process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. We agree to update any information if it becomes outdated.

**Signature of Parent:**

**Signature of Parent:**

For office use only:

- Registration Fee (if applicable)  
 Baptismal Certificate     Health Form     Custody Documents (if applicable)

Other information:

Received by:       Date: