

ST. GREGORY THE GREAT CATHOLIC ACADEMY  
2019-2020

FAMILY NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Please list all children who will be attending St. Gregory the Great Catholic Academy in September **2019**. Print last name only if different from family name. List oldest first, give date of birth, social security number and September **2019** grade.

NAME (First, Middle, Last)	SS#	DATE OF BIRTH	GRADE (Sept. 2019)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Male \_\_\_\_\_ Female \_\_\_\_\_ Child's Place of Birth \_\_\_\_\_ Language of Child \_\_\_\_\_

Does your child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a copy.  
Does your child require Special Services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what services? \_\_\_\_\_

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**PLEASE COMPLETE THE FOLLOWING:**

PARISH YOU WORSHIP AT OTHER THAN ST. GREGORY'S \_\_\_\_\_

IF ST. GREGORY'S PARISH, ST. GREGORY'S CHURCH ENVELOPE NUMBER \_\_\_\_\_

I WILL WORK THE FESTIVAL. \_\_\_\_\_ I AM UNABLE TO WORK THE FESTIVAL. \_\_\_\_\_

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FATHER'S FIRST & LAST NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BIRTH PLACE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUS. PHONE # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

MOTHER'S FIRST & LAST NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

BIRTH PLACE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUS. PHONE # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

IF ANY OF ABOVE TELEPHONE NUMBERS ARE NEW, PLEASE CHECK HERE \_\_\_\_\_

FATHER'S RELIGION \_\_\_\_\_ MOTHER'S RELIGION \_\_\_\_\_

RELIGION OF CHILDREN \_\_\_\_\_

(TURN OVER)

**IF CATHOLIC:**

**BAPTISM** –CHURCH \_\_\_\_\_ LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

**FIRST PENANCE**-CHURCH \_\_\_\_\_ LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

**COMMUNION**-CHURCH \_\_\_\_\_ LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

**PREVIOUS TWO SCHOOLS ATTENDED: (if the child is older than 5 years old) -**

(1) PRESENT SCHOOL'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

(2) PREVIOUS SCHOOL'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

**PLEASE CHECK WHICHEVER APPLIES TO YOU:**

- \_\_\_\_\_ AMERICAN INDIAN
- \_\_\_\_\_ ASIAN OR PACIFIC ISLANDER
- \_\_\_\_\_ HISPANIC
- \_\_\_\_\_ BLACK, NOT OF HISPANIC ORIGIN
- \_\_\_\_\_ WHITE, NOT OF HISPANIC ORIGIN

**Have you been referred by a current St. Gregory's Family?**

**If so, Family's Name** \_\_\_\_\_

**EMERGENCY INFORMATION:**

List persons to be contacted in case of an emergency when a parent cannot be reached.

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**PLEASE COMPLETE IF APPLICABLE:**

My child \_\_\_\_\_ has the following condition which requires special handling in an emergency:

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

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use:**

- \_\_\_\_\_ Registration Fee
- \_\_\_\_\_ Supply Fee
- \_\_\_\_\_ Technology Fee
- \_\_\_\_\_ Tuition
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Baptismal Certificate
- \_\_\_\_\_ Immunization Record
- \_\_\_\_\_ Copies of 3 years prior Report Cards
- \_\_\_\_\_ Copies of State Test Results
- \_\_\_\_\_ Probation Form
- \_\_\_\_\_ Parent Alert Form

Admission to St. Gregory's School is at the discretion of the Principal with an interview.