



**Community of Saints Regional Catholic School**  
**K – 8 Registration Form**  
**2012 - 2013**

**The St. Paul Regional  
Catholic School**

Application for New Admission – Please Print

Date: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

Applicants:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Date of Birth</i>	<i>Gender</i>	<i>Grade Entering</i>
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	

<b><u>Father/Guardian:</u></b>		<b><u>Mother/Guardian:</u></b>	
First Name: _____		First Name: _____	
Last Name: _____		Last Name: _____	
Address: _____		Address: _____	
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____	
Home phone: _____		Home phone: _____	
Work: _____		Work: _____	
Cell: _____		Cell: _____	
Email: _____		Email: _____	

Parish:  St. John Vianney     St. Michael's     Our Lady of Guadalupe  
 St. Matthew's     Catholic Other Parish \_\_\_\_\_     Non-Catholic

School District In Which You Live:  
 6 South St. Paul  
 197 SSP/WSP/Eagan/Mendota Heights  
 199 Inver Grove Heights  
 625 St. Paul  
 833 Woodbury/Cottage Grove  
 Other \_\_\_\_\_

Does the applicant have any special needs or health concerns that we should be aware of?  
 \_\_\_\_\_  
 \_\_\_\_\_

Ethnic Affiliation (for statistical purposes only):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Caucasian         | <input type="checkbox"/> African American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Latino / Hispanic | <input type="checkbox"/> Native American  |   |
| <input type="checkbox"/> Asian             | <input type="checkbox"/> Other _____      |   |

Following Information Necessary For Possible State Funding

- Which language did your child learn first?       English    Other \_\_\_\_\_
- Which language is most spoken in your home?       English    Other \_\_\_\_\_
- Which language does your child usually speak?       English    Other \_\_\_\_\_
- Does your family wish to apply for Financial Aid?       Yes       No

**Please list the applicant's siblings:**

<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>School Attended/Attending</i>

Each fall, we publish a school directory. All school families, teachers, and the parish office receive a copy. We also take pictures for the yearbook, brochures, etc. Please indicate below your wishes regarding the publication of your child's picture and school directory information.

- Yes, I want my child(ren) to be included in the school directory and have pictures published.
- No, I do not want to be included in the school directory and have my child's picture published.
- Yes, I want my child(ren) to be included in the school directory but not have their picture published.

Parent/Guardian Signature: \_\_\_\_\_

**Notice of Non-Discrimination Policy:**

It is the policy of The St. Paul Regional Catholic School to comply with State and Federal laws prohibiting discrimination and all requirements imposed by or pursuant to regulations issued thereto, to the end that no persons shall be denied or excluded from enrollment or participation in any educational program or activity operated by the school, on the grounds of race, color, national or ethnic origin, gender, status with regard to public assistance or disability.

**Signatures:**

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure to enclose the following:**

- Application Form
- Application fee of \$125.00 per family/\$50.00 if done prior to March 2<sup>nd</sup>, 2012 per child (Non-refundable; checks made payable to: **Community of Saints Regional Catholic School.**
- Registration With TADS

Please return to: Community of Saints Regional Catholic School 337 East Hurley Street West St. Paul, MN 55118
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