Re-Registration Form

**FORM 2**

The Roman Catholic Archdiocese of Washington – Catholic Schools

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School Name: | | |  | | | | | Date: |  | | | |
| School Year: |  | | | | Registering for Grade: | | | |  | | | |
|  | | | | | | | | | | | | |
| Information for Student Requesting Re-registration | | | | | | | | | | | | |
| Student Name: |  | | |  | | | | | | |  |  |
|  | | | *Last* | *First* | | | | | | | *M.I.* | *(Jr,. III)* |
| Home Address: | |  | | | | | | | |  | | |
|  | | *Street Address* | | | | | | | | *Suite #* | | |
|  | |  | | | | |  | | |  | | |
|  | | *City* | | | | *State* | | | | *ZIP Code* | | |
| Email Address: | |  | | | | | | | | | | |
|  | | *Please provide an email address where all official school communication may be sent.* | | | | | | | | | | |

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| Family Information |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mother** |  | **Father** |
| Full Name |  |  |  |
| Maiden Name |  |  |  |
| Country of Birth |  |  |  |
| Home Address |  |  |  |
|  |  |  |  |
| Home Phone | **(     )     -** |  | **(     )     -** |
| Cell Phone | **(     )     -** |  | **(     )     -** |
| Preferred Email |  |  |  |
| Occupation |  |  |  |
| Employer |  |  |  |
| Work Phone | **(     )     -      Ext.** |  | **(   )     -      Ext.** |
| Religion |  |  |  |
| Parish/Church |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parents’ Marital Status: | | Single | | | Married | Separated\* | | | Divorced\* | | |
| *Please check all that apply* | | Mother Deceased | | | Mother Remarried | Father Deceased | | | Father Remarried | | |
|  | | | |  | | | | | | |  | |
| The following information is optional but helpful when completing census data for grants and the National Catholic Educational Association (NCEA) Data Bank. This information is not used in any way to determine admission and each label is adopted directly from the U.S. Census Bureau.  Race of the Student: *Please check ✓ one of the following* | | | | | | | | |
| Asian | | Native Hawaiian/ Pacific Islander | | | | White | | |
| Black | | American Indian/ Native Alaskan | | | | Two or more races | | |
| Ethnicity of Student: *Please check ✓ one of the following* | | | | | | | | |
| Hispanic | | Non-Hispanic | | | |  |  | |

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| **\* NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student’s file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form. |

Part-time with Mother,

Student lives with: Mother and Father Mother Only FatherOnly Part-time with Father

Legal Guardian (*Please complete the information below*):

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Country of Birth |  | | |
| Home Address |  | | |
| City, State, & ZIP |  | | |
| Home Phone | **(     )     -** | Cell Phone | **(     )     -** |
| Preferred Email |  | | |
| Occupation |  | | |
| Employer |  | | |
| Work Phone | **(     )     -      Ext.** | | |
| Religion |  | | |
| Parish/Church |  | | |

Person responsible for Tuition/Fee Payments: *(Please complete the information below)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | | |
| Address | |  | | |
| City, State, & ZIP | |  | | |
| Phone | **(     )     -** | | Email |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact Information | | | | | | | | | | | | | | |
| *Please list the names of two adults who should be contacted in the event of an emergency if parent(s)/guardian cannot be reached* | | | | | | | | | | | | | | |
| **Contact #1:** |  | | | | | |  | | | | | |  |  |
|  | | | *Last* | | | | *First* | | | | | | *M.I.* | *(Jr,. III)* |
| Relation to Student: | | | |  | Email Address: | | | |  | | | | | |
| Home Address: | |  | | | | | | | | | |  | | |
|  | | *Street Address* | | | | | | | | | | *Suite #* | | |
|  | |  | | | | | | | | |  |  | | |
|  | | *City* | | | | | | | | *State* | | *ZIP Code* | | |
| Home Phone | | **(     )     -** | | | | Other Phone | | **(     )     -      Ext.** | | | | | | |
| **Contact #2:** |  | | | | | |  | | | | | |  |  |
|  | | | *Last* | | | | *First* | | | | | | *M.I.* | *(Jr,. III)* |
| Relation to Student: | | | |  | Email Address: | | | |  | | | | | |
| Home Address: | |  | | | | | | | | | |  | | |
|  | | *Street Address* | | | | | | | | | | *Suite #* | | |
|  | |  | | | | | | | | |  |  | | |
|  | | *City* | | | | | | | | *State* | | *ZIP Code* | | |
| Home Phone | | **(     )     -** | | | | Other Phone | | **(     )     -      Ext.** | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian Acknowledgment and Request for Re-registration | | | | |
| I/We, the undersigned parent(s), understand and acknowledge that this re-registration request does not guarantee our child’s registration at **<<Enter School Name Here>>** for the School Year **2017-2018**. I/We understand and acknowledge that registration is contingent upon compliance with all applicable policies and procedures regarding archdiocesan and school-based registration, including, but not limited to, health examinations and immunizations. By the first day of the next school year, all students in Catholic schools in the Archdiocese are to be immunized in accordance with the immunization requirements and the guidelines of the Archdiocese. Exemptions are provided only on a temporary basis to those with a physician-documented medical contraindication.  I/We understand and acknowledge the Roman Catholic religious nature of the school from which our child is requesting registration. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/we will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the student shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the student, I/we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Roman Catholic Archdiocese of Washington and **<<Enter School Name Here>>**. I/We hereby confirm that the following documents, required to be considered for re-registration, including the non-refundable re-registration fee of $, accompany this form:   |  | | --- | | AT THE BEGINNING OF THE **2017-2018** SCHOOL YEAR,  ALL RE-REGISTERED STUDENTS MUST SUBMIT THE FOLLOWING: | | -Technology and Internet Usage Agreement  -Transportation Permission Form  -Publicity Release Form  -All current evaluations/assessments and special education plans *(If Applicable)*  -Allergy Agreement and Action Plan *(If Applicable)*  -Copy of current custody order, or other applicable court orders *(If Applicable)*  **-Enter School-Specific Form Here (If no additional forms, just delete)**  **-Enter School-Specific Form Here (If no additional forms, just delete)**  **-Enter School-Specific Form Here (If no additional forms, just delete)** |   We hereby acknowledge that all the information contained in this RE-REGISTRATION FORM and the accompanying documents is accurate and truthful. I/We agree to pay all of applicant’s tuition and fees when due. | | | | |
| **Names of Parents/Guardians:** | |  |  |  |
|  | | *Mother* |  | *Father* |
| **Signatures:** |  | |  |  |

*Sign and date Sign and date*

\*All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

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| STUDENT RE-REGISTRATION REVIEW FORMOFFICE USE ONLY |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  | |  |
|  | | *Last* | *First* |

**Principals: Re-Registration are not reviewed until the Re-registration Fee is paid and ALL documentation received, except immunization documentation is due by first day of school.**

**Re-registration must be signed by both parents. If parents are not married, all persons with legal authority to make educational and religious decisions on behalf of the applicant must sign the application.**

***Check ✓and Date when each item is received and verified***

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| All Re-registration Documents Reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Re-registration Fee Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If Applicable:*  Allergy Agreement :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Custody Decree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TUITION: Catholic Non-Catholic  STATUS: Accepted:\_\_\_\_\_\_\_\_\_  Denied:\_\_\_\_\_\_\_\_\_\_  Grade:\_\_\_\_\_\_\_\_\_\_\_\_ Room Number:\_\_\_\_\_\_\_\_\_\_\_\_  Homeroom Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PERSON RESPONSIBLE FOR TUITION/FEES PAYMENT Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |