

Kindergarten Registration 2010-2011

St. Luke Catholic School

Please complete entire form - all information is important. Please print clearly.

Session Preference _____ A.M. _____ P.M. _____ No Preference
** _____ child needs BUS transportation to school ** _____ child needs BUS transportation home

Student Information

Name: _____
Last Name First Name Middle Name

Address: _____ City: _____ Zip: _____

Phone: _____ Child's Social Security Number ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Male _____ Female _____ ***Child's Religion: _____

*****Sacraments*****

Baptized: yes _____ no _____ Date: ____ / ____ / ____ Church _____
City/State: _____

RCIA Program: Date: _____ Church _____ City/State _____

Child lives with:

- _____ both natural or adoptive mother and father
- _____ father only
- mother only
- father and stepmother
- _____ mother and stepfather
- grandparent
- legal guardian, not relative
- _____ other: (explain) _____

Ohio State law requires that the school have copies of any child custody order/decre

Parent Information

Father's/Guardian's Name: _____
Last First Middle

Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Cell Phone: _____ Religion: _____ Active Duty Military? yes ___ no ___

Mother's/Guardian's Name: _____
Last First Maiden

Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Cell Phone: _____ Religion: _____ Active Duty Military? yes ___ no ___

Are you an active St. Luke Parishioner? yes _____ no _____

Date of Registration in Parish: ____ / ____ / ____

Parties Responsible for tuition
Last Name First Middle

Address (if different from student) Daytime Phone Number

#2
Last Name First Middle

Address (if different from student) Daytime Phone Number

office use only: Birth Certificate _____ Baptismal Certificate _____ Custody Papers _____

NON-REFUNDABLE Registration Fee/child _____ Initials/date ____ / ____ / ____

OVER

Does your child have any special needs? _____yes _____no

Please describe in detail:

Is your child currently receiving any of the following?

_____ Speech Therapy _____ Occupational Therapy
_____ Physical Therapy

Students with two households can request duplicate mailing. We request \$15.00 to cover the additional postage costs. Please send duplicate mailings to:

Please list any students under your guardianship who are currently attending St. Luke School:

Name Current Grade

How did you hear about St. Luke School/Parish?

Who referred you to St. Luke School/Parish?

Student Name: _____

Last School Attended (please include address): _____

Attn: Records Department: Please send records to:

**St. Luke School
1442 North Fairfield Road
Beavercreek, OH 45432**

Would your child be permitted to return to the school above? _____yes _____no

If no, please explain in detail:

Is there any other information we need to know? (please describe in detail):

By signing this form, I hereby attest to the accuracy of the information I have provided to St. Luke School. I, as parent or legal guardian give authority to St. Luke Catholic School to request all records concerning this student. I understand that tuition payments are expected and are to be paid in a timely fashion.

X _____
Parent/Guardian Signature Date