

## Registration Application

Date Submitted: \_\_\_\_\_

Application Fee (\$50 before March, \$100 after March) Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Bank: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Religious Affiliation of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_ School District: \_\_\_\_\_

Registering for Grade: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

### Brothers/Sisters

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Christ The Divine Teacher CATHOLIC ACADEMY**

Will the student need bus transportation? Yes \_\_\_ No \_\_\_

If Not, then will the student be a : Walker \_\_\_\_\_ Car Rider \_\_\_\_\_

| <b>Sacramental Background</b> | <u>Place</u> | <u>Date</u> |
|-------------------------------|--------------|-------------|
| Baptism:                      | _____        | _____       |
| Reconciliation:               | _____        | _____       |
| Holy Eucharist:               | _____        | _____       |
| Confirmation:                 | _____        | _____       |

**Submission**

By the signature hereunder, I hereby submit this application for enrollment at Christ The Divine Teacher Catholic Academy. **I understand that the application fee is not refundable.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* DOCUMENTS REQUIRED \*\*\*\*\***

With Registration: BIRTH CERTIFICATE \_\_\_\_\_ BAPTISMAL CERTIFICATE \_\_\_\_\_  
 LOAN OF TEXTCERTIFICATE (please sign) \_\_\_\_\_  
 MEMORANDUM OF UNDERSTANDING (please sign) \_\_\_\_\_

Before entry in fall: PREVIOUS SCHOOL RECORDS \_\_\_\_\_ DENTAL RECORDS \_\_\_\_\_  
 IMMUNIZATION RECORDS \_\_\_\_\_ EMERGENCY CARE CARD \_\_\_\_\_

**APPLICATION FEE IS NON REFUNDABLE AND APPLICABLE TO TUITION**

OFFICE USE ONLY:

NAME \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_  
 DATE RECEIVED \_\_\_\_\_ Check No. \_\_\_\_\_ Bank \_\_\_\_\_