

Please PRINT all information Date \_\_\_\_\_

\$100 Registration fee per family is required for Kdgn.-Gr. 8

2009/2010

Student Information

Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

<b>2 or 3 Year Old Preschool - Please choose one</b> <small>circle one</small> _____ 8:00 - 11:30 T/Th    _____ 8:00-2:45 T/Th _____ 8:00 - 11:30 M,W,F    _____ 8:00 - 2:45 M,W,F _____ 8:00 - 11:30 M-F    _____ 8:00 - 2:45 M-F		<b>4 Year Old Preschool - Please choose one</b> _____ 8:00 - 11:30 M,W,F    _____ 8:00 - 2:45 M,W,F _____ 8:00 - 11:30 M-F    _____ 8:00 - 2:45 M-F	
<b>After school is available until 5:30 on school days for both 2,3 &amp; 4 year olds</b> <b>\$50.00 registration fee is required for 2, 3 &amp; 4 year old Preschool</b>			

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Religion \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Birth Certificate # \_\_\_\_\_ Place of Birth \_\_\_\_\_ Race: White Black Asian Hispanic Hawaiian Native Multi  
Month Day Year City State Please circle one Pacific American Racial

Address \_\_\_\_\_ Phone \_\_\_\_\_  
House # Street City State Zip

Child Lives with: (Please check) \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ Legal Custody with (must have court papers) \_\_\_\_\_

Baptism \_\_\_\_\_ First Eucharist \_\_\_\_\_  
Date Church City/State Date Church City/State

Public School District \_\_\_\_\_ Will student use bus transportation? \_\_\_\_\_ Last School Attended \_\_\_\_\_  
(Erie, Millcreek, Etc.) Kdgn - Gr. 8 Name Address City/State/Zip

Did child ever repeat a grade? \_\_\_\_\_ Yes \_\_\_\_\_ No Does child have difficulty learning? \_\_\_\_\_ Yes \_\_\_\_\_ No Does child have any behavioral problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

List all auxiliary services child has received: (e.g., Title I, Speech, Act 89) \_\_\_\_\_

Check all special programs child has attended: \_\_\_\_\_ Learning Support \_\_\_\_\_ Gifted \_\_\_\_\_ Emotional Support \_\_\_\_\_ Remedial \_\_\_\_\_ Wraparound \_\_\_\_\_ Other \_\_\_\_\_

Has child previously been offered an Individualized Education Program (IEP) ? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, list date/grade \_\_\_\_\_

What language(s) does the child speak? \_\_\_\_\_ What language(s) are spoken in the home? \_\_\_\_\_

Family Information

Full Name	Home Address	Phone	Employer	Job Title	Work Address	Work Phone	Current Parish or Church
Father _____							
Mother _____							
Guardian _____							
Other children at home _____							

**Health Information** Immunization records are required for Kdgn - Gr. 8

Records were copied on \_\_\_\_\_  
Initials: \_\_\_\_\_

Does child have health insurance coverage? No \_\_\_\_\_ Yes \_\_\_\_\_

Name of Physician or Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has child ever had surgery? No \_\_\_\_\_ Yes \_\_\_\_\_ Type of Operation: \_\_\_\_\_ Date: \_\_\_\_\_

Does child have allergies? No \_\_\_\_\_ Yes \_\_\_\_\_ Type: \_\_\_\_\_ Allergy Medication: \_\_\_\_\_

Does child have allergies to any medication? No \_\_\_\_\_ Yes \_\_\_\_\_ Type: \_\_\_\_\_

List prescription medications child is currently taking: \_\_\_\_\_

Medical Conditions: Diabetes: No \_\_\_\_\_ Yes \_\_\_\_\_ Heart Problems: No \_\_\_\_\_ Yes \_\_\_\_\_

Epilepsy: No \_\_\_\_\_ Yes \_\_\_\_\_ Asthma: No \_\_\_\_\_ Yes \_\_\_\_\_

Other: \_\_\_\_\_

**Other Information**

In order to properly plan for an incoming student, the school needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the student's learning.

	Please check No or Yes		If Yes, please briefly describe.
Special Educational Program:	No _____	Yes _____	_____
Early Intervention Program:	No _____	Yes _____	_____
Educational History:	No _____	Yes _____	_____
Developmental History:	No _____	Yes _____	_____
Psychological History:	No _____	Yes _____	_____
Medical History:	No _____	Yes _____	_____
Physical Conditions:	No _____	Yes _____	_____
Other:	No _____	Yes _____	_____

By placing my signature below, I (we) verify that all information is accurate and complete. I (we) realize that failure to provide accurate information about my (our) child may jeopardize enrollment at this school. I (we) further verify that no information has been omitted.

\_\_\_\_\_  
Parent/Guardian Signature Please print name Date

\_\_\_\_\_  
Parent/Guardian Signature Please print name Date

**SCHOOL USE ONLY**

\_\_\_\_\_ Registration Accepted  
 \_\_\_\_\_ Registration Provisionally Accepted  
 \_\_\_\_\_ Registration Denied  
 Date \_\_\_\_\_  
 \_\_\_\_\_  
 Principal Signature

Pennsylvania School Code 13-1304-A states in part: "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person, or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child \_\_\_\_\_, (circle one) was/was not previously suspended or expelled from any public or private school of the Commonwealth of Pennsylvania or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction or injury to another person or for any act of violence committed on school property.

School from which student was suspended/expelled \_\_\_\_\_

Dates of suspension/expulsion \_\_\_\_\_

Reason(s) for suspension/expulsion \_\_\_\_\_

I understand that this form shall be maintained as part of the student's disciplinary record. I further understand in making this statement that I am subject to penalties under 24 P.S. 13-1304-A9b and 18 Pa.C.S.A.4904 relating to falsification to authorities, and that any willful false statement made on this form shall be a misdemeanor of the third degree.

I swear or affirm that the facts contained herein are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Reasons for choosing Villa Maria Elementary:

1. How did you first hear about VME?

- \_\_\_\_ Newspaper
- \_\_\_\_ Referred by \_\_\_\_\_
- \_\_\_\_ Web site
- \_\_\_\_ Church Bulletin
- \_\_\_\_ Daycare
- \_\_\_\_ Summer Program
- \_\_\_\_ Other \_\_\_\_\_

2. What was the *primary* reason you chose VME?

- \_\_\_\_ Religious orientation
- \_\_\_\_ Academics
- \_\_\_\_ After school program
- \_\_\_\_ Location
- \_\_\_\_ Welcoming spirit/sense of community
- \_\_\_\_ Extracurricular
- \_\_\_\_ Safety
- \_\_\_\_ Other \_\_\_\_\_