Registration Form ST LUKE SCHOOL - WHITESTONE, NEW YORK

Grade Level you are applying for: Student Information		1 of 2
First Name	Middle Initial:	Last Name
Family Last Name		
Circle one Male Fem	nale Birth dat	
Mailing Address	Apt. #	mm/dd/yyyy _
City Stat	e Zip	
Home Phone #		
Family Main E-mail Address	@	
What is the city, state, country wh What is the primary language that	С	City State
Ethnicity		SCHOOL DISTRICT CODE
How many children in your family?		
PREVIOUS SCHOOL INFORM		
Does this student have an Individu	ualized Education Plan (IEP)) on file? Yes No
Religious Affiliation		
Catholic? Non-Cathol	lic? Religion if Non-Catholic	
What is the name of the church wh	nere this student currently v	worships?
Baptism information:		
Date If the student has received any of names of the church:	Name of Church the following sacraments o	of the Catholic Church, please enter the dates and
Penance mm/dd/yyyy	Name of Church	
Communion:		
Confirmation:		·
What was the date of this student'		

Family Member 1 (This is the primary care taker of the student and resides with the student)

Title: (Mr., Mrs., Dr., Ms., e	etc.)		
What is this person's relationship to the student: (mother, father, grand mother, aunt, etc)			
First Name	Middle Initial		
Last Name	Maiden Name		
Work Phone ()	Phone Extension		
Occupation	Employer		
Religion	(Catholic or Non-Catholic)		
Home Phone ()	Cell Phone (
Home Email	Work Email		
Title: (Mr., Mrs., Dr., Ms., e	,		
What is this person's relationship to	the student: (mother, step father, grand mother, aunt, etc)		
First Name	Middle Initial		
Last Name	Maiden Name		
Work Phone ()	Phone Extension		
Occupation	Employer		
Religion	(Catholic or Non-Catholic)		
Home Phone ()	Cell Phone (
Home Email	Work Fmail		

DOCUMENTATION NEEDED – for verification purposes only, we are required to inspect the following original documents

ORIGINAL Birth Certificate
ORIGINAL Baptismal Certificate
ORIGINAL First Communion Certificate
Photo or duplicate copy of the latest Report Card
Standardized Test Results (grades 3 – 8)
Health Records (form given at registration to be filled out completely by your Physician)