

St. Boniface Catholic School  
 215 W Oak St. Oak Harbor, OH 43449  
[www.sb-oh.org](http://www.sb-oh.org) 419-898-1340

Registration Form

Today's Date: \_\_\_\_\_ Family Name: \_\_\_\_\_

**Student Information** *(Information regarding nationality is for Ethnic Enrollment Survey)*

1.	Last Name	First Name	Middle Name
	Grade	Date of Birth	Preferred Name
	Nationality		
2.	Last Name	First Name	Middle Name
	Grade	Date of Birth	Preferred Name
	Nationality		
3.	Last Name	First Name	Middle Name
	Grade	Date of Birth	Preferred Name
	Nationality		
4.	Last Name	First Name	Middle Name
	Grade	Date of Birth	Preferred Name
	Nationality		

**Primary Mailing Address:**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Secondary Mailing Address:** (if needed)

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Lives With: \_\_\_\_\_ If Legal Guardian: Name: \_\_\_\_\_

Do Court Papers indicate Joint Custody/Shared Parenting?  Yes  No

If YES – Copies of court documents regarding custody issues must be presented for registration.

**Miscellaneous Information**

Residing School District: \_\_\_\_\_

Public School in District that child would attend: \_\_\_\_\_

**Is your child now on or has your child ever been:**

Check if Yes

<b>Child:</b>	IEP <input type="checkbox"/>	Tested for Learning Disabilities <input type="checkbox"/>	Tested for Speech/Hearing <input type="checkbox"/>
<b>Child:</b>	IEP <input type="checkbox"/>	Tested for Learning Disabilities <input type="checkbox"/>	Tested for Speech/Hearing <input type="checkbox"/>
<b>Child:</b>	IEP <input type="checkbox"/>	Tested for Learning Disabilities <input type="checkbox"/>	Tested for Speech/Hearing <input type="checkbox"/>

If yes to any of the above, please give a brief background history: \_\_\_\_\_

\_\_\_\_\_

Current Parish/Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

Will your child be involved in preparation for sacraments? Yes  No

**If yes, what sacraments have they previously received?**

Check those that apply

<b>Child:</b>	Baptism <input type="checkbox"/>	First Reconciliation <input type="checkbox"/>	First Communion <input type="checkbox"/>
<b>Child:</b>	Baptism <input type="checkbox"/>	First Reconciliation <input type="checkbox"/>	First Communion <input type="checkbox"/>
<b>Child:</b>	Baptism <input type="checkbox"/>	First Reconciliation <input type="checkbox"/>	First Communion <input type="checkbox"/>

**I authorize the following to be listed on the parent roster:**

Yes  No  My Child's Name:

Yes  No  Parent/Guardian Name:

Yes  No  Cell Phone:

Yes  No  Email Address:

I give my permission for St. Boniface School to use photos of my child on the school's webpage, newspaper or in other school publications. There will be no use of photos for profit by the school or others. Yes  No

Parent/Guardian Signature: \_\_\_\_\_

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