St. Boniface Catholic School

**2023-24 School Year**

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 Adress** |  |
| **City State Zip** |  |
| **Email Address** |  **Phone Number:** |

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

|  |  |
| --- | --- |
| **Name**  |  |
| **Street Adress** |  |
| **City State Zip** |  |
| **Email Address** |  **Phone Number:** |

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

**Status of Custodial Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Widowed; Which Spouse is Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**

**School child currently attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Check if Yes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child:** |  | IEP |[ ]   Tested for Learning Disabilities |[ ]   Tested for Speech/Hearing |[ ]
| **Child:** |  | IEP |[ ]   Tested for Learning Disabilities |[ ]   Tested for Speech/Hearing |[ ]
| **Child:** |  | IEP |[ ]   Tested for Learning Disabilities |[ ]   Tested for Speech/Hearing |[ ]

**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child:** |  | Baptism |[ ]   First Reconciliation |[ ]   First Communion |[ ]
| **Child:** |  | Baptism |[ ]   First Reconciliation |[ ]   First Communion |[ ]
| **Child:** |  | Baptism |[ ]   First Reconciliation |[ ]   First Communion |[ ]

**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** [ ]  **Home Phone:**

**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:** |  |