

Bishop Walsh School REGISTRATION FORM

Registration Fee – circle one
(must accompany registration form)

\$100.00
(3/1/18-4/30/18)

\$115.00
(on or after 5/1/18)

Please complete **BOTH SIDES** of this **ENTIRE** registration form for each child in your family in **BLUE** or **BLACK** ink. If a question does not apply to your child or family, please mark it N/A.

Date: _____ **Current School** _____ **Grade Entering 2018/2019 School Year** _____

(Check days you would like to attend)

Pre-K Only: Age of student _____ **Mon** _____ **Tues** _____ **Wed** _____ **Thurs** _____ **Fri** _____

Bishop Walsh _____ **Jennifer Jones ECC/St. Michael's** _____ **Half Day** _____ **Full Day** _____

Student Data

Last Name _____ First _____ Middle _____

Date of Birth _____ Gender F M Home Telephone _____

Street Address _____ City _____ State _____ Zip _____

Ethnicity of child: African American Asian/Pacific Islander Caucasian
(for statistical purposes) Hispanic Multi-Racial Native American

Student resides with: Both parents Father only Mother only Other _____

Student's siblings: _____ Age _____ Age _____
_____ Age _____ Age _____

Parent Data

Father's Full Name _____

Father's Residential Address (if different from student)

Street _____

City, State, Zip _____

Phone _____ Cell _____

Employer Name _____

Work Address _____

City, State, Zip _____

Work Telephone _____

Email (home) _____

Email (work) _____

Bishop Walsh Alumnus No Yes _____ Year _____

Mother's Full Name _____

Mother's Residential Address (if different from student)

Street _____

City, State, Zip _____

Phone _____ Cell _____

Employer Name _____

Work Address _____

City, State, Zip _____

Work Telephone _____

Email (home) _____

Email (work) _____

Bishop Walsh Alumna No Yes _____ Year _____
Maiden Name _____

I would like the school to communicate with me by: Email Postal Mail Website

To whom and where do you want mail addressed? _____

Each parent/guardian agrees that by signing this Registration Form (I) the parent(s)/guardian(s) shall pay all tuition, fees and other costs of the child's education established by the school; and (II) the parent(s)/guardian(s) and the child shall comply with the rules and regulations set forth in the school's policy manual, or otherwise published or announced by the school, as they presently exist, and as amended from time to time. If parent(s)/guardian(s) fail to make any payment when due, parent(s)/guardian(s) shall be liable to School for all collection costs incurred, including, without limitation, reasonable attorney's fees.

****Both parents MUST sign this registration, if possible**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Catholic ___ Parish Name _____ Envelope # _____

Date of Baptism and Church where Baptized _____

Date of Sacrament of Reconciliation _____ Date of First Communion _____

Date of Confirmation _____

Non-Catholic ___ Church _____

Language spoken/written/read in the home _____

If student is to be picked up by anyone other than the parent, please list name and telephone number:

Name _____ Phone _____ Name _____ Phone _____

All new student entries and transfers please provide the following:

Immunization Record ___ Birth certificate ___ Health Inventory ___

Emergency Data

Each student must also submit a completed health form to the Health Room.

List at least two neighbors or relatives who will assume temporary care of your child if you cannot be reached:

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

3. Name _____ Telephone _____

Address _____

4. Name _____ Telephone _____

Address _____

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is not possible to contact this physician, the school may make arrangements as deemed necessary.

Signature of Parent or Guardian _____ Date _____

Physician _____