



# RE-REGISTRATION FORM

ARCHDIOCESE OF WASHINGTON – Catholic Schools

School Name: ST. CATHERINE LABOURE K - 8 Date: \_\_\_\_\_

School Year: 2012-2013 Registering for Grade: \_\_\_\_\_

## Information for Student Requesting Re-registration

Student Name: \_\_\_\_\_  
*Last First M.I. (Jr., III)*

Sex:  Male  Female Date of Birth: \_\_\_\_\_  
*mm/dd/yyyy*

Home Address: \_\_\_\_\_  
*Street Address Suite #*

\_\_\_\_\_  
*City State ZIP Code*

Email Address: \_\_\_\_\_  
*Please provide an email address where all official school communication may be sent.*

## Please Update Any Changes in Family Information

**Mother**

**Father**

Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone ( ) - \_\_\_\_\_

Cell Phone ( ) - \_\_\_\_\_

Preferred Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone ( ) - Ext. \_\_\_\_\_

Religion \_\_\_\_\_

Parish/Church \_\_\_\_\_

<<OTHER>> \_\_\_\_\_

<<OTHER>> \_\_\_\_\_

Parents' Marital Status:  Single  Married  Separated\*  Divorced\*  
*Please check all that apply*  Mother Deceased  Mother Remarried  Father Deceased  Father Remarried

**\* NOTE:** Parents who are (or become) divorced, separated, unmarried, or who have any other special circumstances regarding the custody of their children must provide the school with a current court order or decree of custody for the student's file. Any other specific instructions regarding release of the child or his/her records must be in writing and signed by the parent or parents with court-ordered legal custody. All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

Student lives with:  Mother and Father     Mother Only     Father Only     Part-time with Mother,  Part-time with Father  
 Legal Guardian (*Please complete the information below*):

Full Name \_\_\_\_\_  
Country of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, & ZIP \_\_\_\_\_  
Home Phone (    ) - \_\_\_\_\_ Cell Phone (    ) - \_\_\_\_\_  
Preferred Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone (    ) - \_\_\_\_\_ Ext. \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish/Church \_\_\_\_\_

Person responsible for Tuition/Fee Payments: (*Please complete the information below*)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, & ZIP \_\_\_\_\_  
Phone (    ) - \_\_\_\_\_ Email \_\_\_\_\_

### Update Emergency Contact Information

*Please list the names of two adults who should be contacted in the event of an emergency if parent(s)/guardian cannot be reached*

**Contact #1:**

Relation to Student: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ (Jr., III) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
Home Phone City (    ) - \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Other Phone (    ) - \_\_\_\_\_ Ext. \_\_\_\_\_

**Contact #2:**

Relation to Student: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ (Jr., III) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
Home Phone City (    ) - \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Other Phone (    ) - \_\_\_\_\_ Ext. \_\_\_\_\_

## Parent/Guardian Acknowledgment and Request for Re-registration

I/We, the undersigned parent(s), understand and acknowledge that this re-registration request does not guarantee our child's registration at St. Catherine Laboure for the School Year 2012-2013. I/We understand and acknowledge that registration is contingent upon compliance with all applicable policies and procedures regarding archdiocesan and school-based registration, including, but not limited to, health examinations and immunizations. By the first day of the next school year, all students in Catholic schools in the Archdiocese are to be immunized in accordance with the immunization requirements and the guidelines of the Archdiocese. Exemptions are provided only on a temporary basis to those with a physician-documented medical contraindication.

I/We understand and acknowledge the Roman Catholic religious nature of the school from which our child is requesting registration. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/we will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the student shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the student, I/we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Archdiocese of Washington and St. Catherine Laboure. I/We hereby confirm that the following documents, required to be considered for re-registration, including the non-refundable re-registration fee of \$250.00, accompany this form:

- AT THE BEGINNING OF THE 2012-2013 SCHOOL YEAR,**  
**ALL RE-REGISTERED STUDENTS MUST SUBMIT THE FOLLOWING:**
- Technology and Internet Usage Agreement
  - Transportation Permission Form
  - Publicity Release Form
  - All current evaluations/assessments and special education plans *(If Applicable)*
  - Allergy Agreement and Action Plan *(If Applicable)*
  - Copy of current custody order, or other applicable court orders *(If Applicable)*
- Emergency Information Form)  
School Directory Permission form

We hereby acknowledge that all the information contained in this RE-REGISTRATION FORM and the accompanying documents is accurate and truthful. I/We agree to pay all of applicant's tuition and fees when due.

Names of Parents/Guardians:

\_\_\_\_\_

*Mother*

\_\_\_\_\_

*Father*

Signatures:

\_\_\_\_\_

*Sign and date*

\_\_\_\_\_

*Sign and date*

\*All parents/guardians with legal authority to make educational and religious decisions on behalf of the applicant must sign this form.

# STUDENT RE-REGISTRATION REVIEW FORM

## OFFICE USE ONLY

Applicant Name: \_\_\_\_\_  
*Last* *First*

**Principals: Re-Registration are not reviewed until the Re-registration Fee is paid and ALL documentation received, except immunization documentation is due by first day of school.**

Re-registration must be signed by both parents. If parents are not married, all persons with legal authority to make educational and religious decisions on behalf of the applicant must sign the application.

***Check ✓ and Date when each item is received and verified***

- All Re-registration Documents Reviewed: \_\_\_\_\_  
 Re-registration Fee Paid: \_\_\_\_\_

***If Applicable:***

- Allergy Agreement : \_\_\_\_\_  
 Custody Decree: \_\_\_\_\_

TUITION:     Catholic     Non-Catholic

STATUS:    Accepted: \_\_\_\_\_     Denied: \_\_\_\_\_

Grade: \_\_\_\_\_     Room Number: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

**PERSON RESPONSIBLE FOR TUITION/FEEES PAYMENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_