

**ST. CHRISTOPHER SCHOOL NEW REGISTRATION
2019 – 2020 SCHOOL YEAR**

New Student Registration for Grades 1st – 8th

Registration for all **new students in grades 1– 8** will begin on **March 1, 2019**. If you are registering a student for grades 1 – 8, please call the school office at **898-5104** to check the availability of space in particular grades.

All registration forms for students in grades K – 8 must be accompanied by a **\$150.00 per student non-refundable registration fee**. This covers the cost of Religion textbooks, Student Agenda Books, and various other consumables used throughout the year. Also **required** for all registrants are copies of child's **birth certificate, immunization records** and **baptismal certificate** (if applicable). Other needed items are **last report card, state test scores, and behavioral questionnaire**. Also, if it applies to your child, copies of a **service plan** (ex. 504, IEP, etc.) and up to date copies of any **custody papers**.

Completed registration forms, registration fee and required documents can be dropped off at the school office between **8:00 a.m. and 3:00 p.m.**



Please Print with Blue or Black Ink

Date _____

Section I: Family Information

Family Name _____
Street _____ City/State/Zip _____
Home Phone _____ Home E-mail _____

Section II: Parental/Guardian Information

Father Name _____ *Father* ___ *Stepfather* ___ *Guardian* ___ *Deceased* ___
Employer _____ *Occupation* _____
E-mail Address _____ *Cell Phone #* _____
Work Address _____ *City/State/ Zip* _____
Work Phone# _____
Religion _____ *St. Christopher Parishioner?* Y ___ N ___ *Since 19* ___ /20 ___
Marital Status _____ *Father's Place of Birth* City/State _____
Father's address (if different from above) _____
City/State/Zip _____ *Home Phone* _____

Mother Name _____ *Mother* ___ *Stepmother* ___ *Guardian* ___ *Deceased* ___
Employer _____ *Occupation* _____
E-mail Address _____ *Cell Phone #* _____
Work Address _____ *City/State/ Zip* _____
Work Phone # _____ *Mother's Place of Birth* City/State _____
Religion _____ *St. Christopher Parishioner?* Y ___ N ___ *Since 19* ___ /20 ___
Marital Status _____ *Maiden Name* _____
Mother's address (if different from above) _____
City/State/Zip _____ *Home Phone* _____

Section III: Student Information

Provide information for each child registering at St. Christopher School for the 2019 - 2020 school year.

Student # 1: Last Name _____ First _____ Middle _____
Street Address _____ City/State/Zip _____
(If different than above)
Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth
Male / Female Birth Date: Month _____ Day _____ Year _____
City/State of Birth _____, _____
Public School District of Residence _____ (Must Complete - Required by State)
Public School Building _____ (Must Complete - Required by State)
Religion _____ Child's Race _____ (Must Complete - Required by State)
Baptism: Full Date ___ / ___ / ___ Church _____ City/State _____
Reconciliation: Full Date ___ / ___ / ___ Church _____ City/State _____
1st Communion Full Date ___ / ___ / ___ Church _____ City/State _____
Confirmation Full Date ___ / ___ / ___ Church _____ City/State _____

Student # 2: Last Name _____ First _____ Middle _____

Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth

Male / Female Birth Date: Month _____ Day _____ Year _____

City/State of Birth _____, _____

Public School District of Residence _____ (Must Complete - Required by State)

Public School Building _____ (Must Complete - Required by State)

Religion _____ Child's Race _____ (Must Complete - Required by State)

Baptism: Full Date ____/____/____ Church _____ City/State _____

Reconciliation: Full Date ____/____/____ Church _____ City/State _____

1st Communion Full Date ____/____/____ Church _____ City/State _____

Confirmation Full Date ____/____/____ Church _____ City/State _____

Student # 3: Last Name _____ First _____ Middle _____

Street Address _____ City/State/Zip _____

(If different than above)

Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth

Male / Female Birth Date: Month _____ Day _____ Year _____

City/State of Birth _____, _____

Public School District of Residence _____ (Must Complete - Required by State)

Public School Building _____ (Must Complete - Required by State)

Religion _____ Child's Race _____ (Must Complete - Required by State)

Baptism: Full Date ____/____/____ Church _____ City/State _____

Reconciliation: Full Date ____/____/____ Church _____ City/State _____

1st Communion Full Date ____/____/____ Church _____ City/State _____

Confirmation Full Date ____/____/____ Church _____ City/State _____

Student # 4: Last Name _____ First _____ Middle _____

Street Address _____ City/State/Zip _____

(If different than above)

Entering Grade: Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth

Male / Female Birth Date: Month _____ Day _____ Year _____

City/State of Birth _____, _____

Public School District of Residence _____ (Must Complete - Required by State)

Public School Building _____ (Must Complete - Required by State)

Religion _____ Child's Race _____ (Must Complete - Required by State)

Baptism: Full Date ____/____/____ Church _____ City/State _____

Reconciliation: Full Date ____/____/____ Church _____ City/State _____

1st Communion Full Date ____/____/____ Church _____ City/State _____

Confirmation Full Date ____/____/____ Church _____ City/State _____

2019-2020 Tuition Information Form

Please Print with Black or Blue Ink

Date _____

Family Name _____

Is your family registered at St. Christopher Parish? Yes _____ No _____

If so, are you an active member of St. Christopher Parish? Yes _____ No _____

Date Registered _____

If not a member of St. Christopher Parish and are a member somewhere else, where are you a member? _____

We would like to pay 2019-2020 tuition:

_____ 12 Monthly Payments – Beginning June 1, 2019 and ending May 1, 2020

_____ 9 Monthly Payments – Beginning September 1, 2019 and ending May 1, 2020

_____ 1 Annual Payment – Due September 1, 2019

Note: Tuition needs to be paid in full by the end of the school year in order to receive the end of year report card, for records to be forwarded to next school, or to be able to register for the next school year.

Signature _____ Date _____

Student Name: _____

Transfer student questionnaire:

Please answer the following questions about your child, check all that apply.

_____ My child had behavior issues at school.
If yes, please list the issues _____

_____ My child has served detentions for behavior.
If yes, please list the behavior that resulted in those detentions

_____ My child has been suspended from school.
If yes, please list the reasons for the suspension. _____

_____ My child was expelled from school.
If yes, please explain why your child was expelled _____

_____ My child has been recommended to be retained at a previous school.
If yes, please explain why they were or were not retained _____

_____ My child has other issues you should know about.
If yes, please explain _____

Please list the last two schools your child attended with a contact name and phone number.

School Name & contact name _____ Ph# _____

School Name & contact name _____ Ph# _____

Parent/Guardian Signature: _____ Date: _____

Failure to disclose any behavior or learning problems may result in immediate dismissal from St. Christopher School.

***St. Christopher
Catholic School***

**ARCHDIOCESE OF CINCINNATI
REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS**

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

Student's Name _____

DOB: _____ Grade _____

I hereby authorize: _____
(Name of school last attended)

(Address of school last attended, City/State/Zip)

(Phone number)

To release to: **St. Christopher School
405 East National Road
Vandalia, Ohio 45377**

By signing this request for transfer, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by P.L. 93-380 and any amendments thereto).

(Signature of parent/guardian)

(Date)

(Principal)