

Student Registration Form (2019-2020)
ONE FORM PER STUDENT - KINDERGARTEN THROUGH 8TH GRADE

Grade Enrolling: _____ Referred By: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred First Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Date of Birth: _____ M/F: _____ City and State of Birth: _____

Previous School Attended (if applicable): _____

Public School and District Area: _____

FAMILY INFORMATION

Family Last Name: _____

Catholic -----> QHR SPX _____

Non-Catholic -----> Family Church: _____

Parental Status:

Married Separated Divorced Remarried Single _____

Student(s) Live With:

Both Parents/Guardian Mother Father Grandparents

Father/ Stepmother Mother/ Stepfather _____

Language Spoken at home: English Spanish _____

Sibling Information:

Name: _____ Grade: _____ Enrolled at JP II? Yes No

Name: _____ Grade: _____ Enrolled at JP II? Yes No

Name: _____ Grade: _____ Enrolled at JP II? Yes No

Name: _____ Grade: _____ Enrolled at JP II? Yes No

Name: _____ Grade: _____ Enrolled at JP II? Yes No

(OVER)

MOTHER/ GUARDIAN

First Name: _____ Last Name: _____
Maiden Name: _____ Religion: _____
Street Address: _____ City: _____ Zip: _____
Cell phone: _____ Preferred Home phone: _____ Preferred
Employer: _____ Business phone: _____ Preferred
Email: _____

EXCLUDE *Mother/Guardian* Information from School Directory

FATHER/ GUARDIAN

First Name: _____ Last Name: _____
Religion: _____
Street Address: _____ City: _____ Zip: _____
Cell phone: _____ Preferred Home phone: _____ Preferred
Employer: _____ Business phone: _____ Preferred
Email: _____

EXCLUDE *Father/Guardian* Information from School Directory

OTHER ADULTS LIVING AT THE HOUSE

First Name: _____ Last Name: _____
First Name: _____ Last Name: _____

SECOND FAMILY INFORMATION

(If a second family should receive information from the school, enter that information below.)

First Name: _____ Last Name: _____
Relationship to student(s): _____
Street Address: _____ City: _____ Zip: _____
Cell phone: _____ Home phone: _____

REQUIRED DOCUMENTATION *(If the student is Catholic and information has not been previously submitted.)*

Baptism Date: _____ Parish and Location: _____
First Reconciliation Date: _____ Parish and Location: _____
First Communion Date: _____ Parish and Location: _____
Confirmation Date: _____ Parish and Location: _____

ADDITIONAL INFORMATION

Please answer *both* Part A and Part B.

Part A **Is this student Hispanic/ Latino?** (Choose only one)

- No, not Hispanic/ Latino
- Yes, Hispanic/ Latino *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)*

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking on or more boxes to indicate what you consider your student's (or your) race to be.

Part B **What is the student's race?** (Choose only one)

- American Indian or Alaska Native** *(A person having origins in any of the original people of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)*
- Asian** *(A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)*
- Black or African American** *(A person having origins in any of the black racial groups of Africa.)*
- Native Hawaiian or Other Pacific Islander** *(A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.)*
- White** *(A person having origins in any of the original people of Europe, the Middle East, or North Africa.)*

Parent/Guardian Signature: _____ Date: _____