

Saint Agnes Catholic School
2006-2007
Registration Information

PLEASE PRINT CLEARLY

_____ Citizenship: _____
Father's Last Name First Initial Religious Preference: _____

_____ Citizenship: _____
Mother's Last Name First Initial Religious Preference: _____

Father's Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Father's Occupation: _____ Business Phone: _____

Place of Occupation: _____

Mother's Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Mother's Occupation: _____ Business Phone: _____

Place of Occupation: _____

List TWO other people who may be reached in case of emergency (THIS MUST BE COMPLETED):

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Check home condition if applicable:

9 married 9 single parent 9 parents separated 9 parents divorced 9 parents divorced/remarried

Check Ethnic Background:

9 American Indian 9 Asian/Pacific Islander 9 Hispanic 9 Black 9 Caucasian 9 Multicultural

1. **MUST list the school district in which you live:** _____
2. **Which public school would your child be attending:** _____
3. **Primary language spoken at home:** _____
4. **Language spoken most by student:** _____
5. **First language student learned:** _____

FUNDRAISING requirements of the 2006-2007 school year. Families are asked to raise monies throughout the school year by participating in various fundraising events, totaling per family of \$450.00.

Parents not wishing to take part in the fundraiser events would donate a Flat Fee of \$450.00

We will take part in the fundraising events. We will donate a Flat Fee
(1st installment \$225.00 by Nov. 1, 2006/2nd installment \$225.00 by Feb. 1, 2007)

PARENT VOLUNTEER PROGRAM: Each family is also required to take part in the Parent Volunteer Program. Fifty (50) service hours per school year must be accumulated. \$3.00 per hour will be assessed in lieu of volunteer hours not served.
Fifty (50) hours per school year must be accumulated by service hours.

Student #1

Name _____
Entering Grade _____ Repeating? _____
Date of Birth _____ Place of Birth _____
Last school attended _____
Address _____
City, State & Zip _____
List any medical problems _____

Student #2

Name _____
Entering Grade _____ Repeating? _____
Date of Birth _____ Place of Birth _____
Last school attended _____
Address _____
City, State & Zip _____
List any medical problems _____

Student #3

Name _____
Entering Grade _____ Repeating? _____
Date of Birth _____ Place of Birth _____
Last school attended _____
Address _____
City, State & Zip _____
List any medical problems _____

Student #4

Name _____
Entering Grade _____ Repeating? _____
Date of Birth _____ Place of Birth _____
Last school attended _____
Address _____
City, State & Zip _____
List any medical problems _____

Student #5

Name _____
Entering Grade _____ Repeating? _____
Date of Birth _____ Place of Birth _____
Last school attended _____
Address _____
City, State & Zip _____
List any medical problems _____

Saint Agnes Catholic School
2311 East Palm Lane
Phoenix, Arizona 85006
Phone: 602-244-1451 Fax: 602-286-0250
www.stagnesphx.org

REQUEST FOR SCHOOL RECORDS

Previous school attended: _____

Address: _____

City, state: _____

Principal or Registrar:

Please send all transcripts, grades, test records, psychological and diagnostic evaluations, and health records on the pupil(s) listed below to St. Agnes Catholic School.

Name of student	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As evidenced by my signature, I hereby authorize the release of all school records to the Principal of St. Agnes School.

Parent's or Guardian's signature

Date

