

ST. EDWARD THE CONFESSOR SCHOOL - K - 7 SIBLING REGISTRATION

COMPLETION OF THIS REGISTRATION FORM DOES NOT AUTOMATICALLY MEAN YOU HAVE BEEN ACCEPTED INTO ST. EDWARD THE CONFESSOR SCHOOL. YOU WILL BE NOTIFIED BY MAIL OF YOUR ACCEPTANCE.

Children now attending St. Edward School:
 NAME _____ GRADE ENTERING _____

Children registering for the first time:
 NAME _____ GRADE ENTERING _____

Has your child ever received counseling? Yes No Please explain: _____

Has your child ever been evaluated? Yes No Please explain: _____
 (If yes, please attach a copy of the evaluation.)

Is your child on regular medications? Yes No Please explain: _____

Church Parish _____ Public School District: _____
 (Not Civil Parish)

PLEASE PRINT ALL ITEMS

DOCUMENTS NEEDED		FEES	
Birth Certificate # _____	Health Record _____	REGISTRATION	\$ _____
Social Security # _____	Report Card _____	TECHNOLOGY	\$ _____
Baptismal Certificate _____	Parish Voucher _____	NON-SUPPORT	\$ _____

Child's Last Name	First Name	Middle Name	
Address	City & Zip	Home Telephone	
Date of Birth	City of Birth	Sex	
Date of Baptism	Name of Church	City & State	
Date of First Communion	Name of Church	City & State	
School Last Attended & Grade	Date of Entrance	List other schools attended on reverse side of card.	
Father's Last Name	Religion	Occupation/Position	
Place of Employment	Work Phone	Cell Phone	Email Address
Mother's First- Maiden -Last Name	Religion	Occupation/Position	
Place of Employment	Work Phone	Cell Phone	Email Address

Ethnic Background: (please check one) White Black Hispanic Asian American Indian

Character of Home: Married Father Deceased Mother Deceased

Parents Separated Parents Divorced Remarried*

Child lives with* _____

*Please list step-parent information on the back of this card

I UNDERSTAND THAT ALL FEES PAID ARE REFUNDED ONLY IF MY CHILD IS NOT ACCEPTED INTO ST. EDWARD THE CONFESSOR SCHOOL. ONCE A CHILD HAS BEEN ACCEPTED, REGISTRATION FEE AND OTHER FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE. Registration will not be processed without all information.

Please read and sign records information on reverse.

 Parent's Signature Date

 Print Name

STEP-PARENT INFORMATION:

Step-father's First & Last Name	Religion	Occupation/Position	
Place of Employment	Work Phone	Cell Phone	Email Address
Step-mother's First & Last Name	Religion	Occupation/Position	
Place of Employment	Work Phone	Cell Phone	Email Address

NON-CUSTODIAL PARENT'S HOME ADDRESS & HOME PHONE:

Street	City	Zip	Phone
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LIST OF ALL SCHOOL ATTENDED IN THE PAST

School	Address	Grades	Date Entered

I/We, parent(s) of the [student/s] named on this application, hereby authorize any school previously attended by our child, including but not limited to any school denominated as a Catholic School by and/or under the vigilance of the Archbishop of the Archdiocese of New Orleans pursuant to Canon Law of the Roman Catholic Church and which my/our child has attended in the past, to communicate with and to send a copy of any and all school records, including but not limited to any and all transcripts, standardized test scores, attendance records, special-education records, disciplinary records, financial records in regard to payments of fees and/or tuition, and/or any and all other educational and/or social or informational records, of [student/s] to St. Edward the Confessor School. The foregoing authorization also applies in the event that St. Edward the Confessor School, which is the school authorized to receive the foregoing records receives an inquiry in the future from any other Catholic School as described above for records and/or information; and, in that event, St. Edward the Confessor School is then authorized to communicate with and to send such records and/or information to the requesting Catholic School. Further, in consideration of the sending and receipt of such records any related consideration, I hereby agree to release, defend, indemnify and hold harmless the owners of and/or any such schools that send and/or receive the aforementioned records, The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, administrators, principals, teachers, employees, agents and/or representatives and the Archbishop, bishops and all clergy of the Archdiocese of New Orleans, from any and all claims, demands and/or causes of action arising from the sending and/or receipt of the aforementioned records and/or from the content of such communication and records.

Parent's Signature