



# Student Registration Form

2018 - 2019

St. Frances Cabrini School  
2215 East Texas Ave.  
Alexandria, LA 71301

STUDENTS NAME \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

DATE \_\_\_\_\_

(PLEASE PRINT ALL INFORMATION)

**STUDENT INFORMATION**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Middle \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Place \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Grade Entering \_\_\_\_\_

Student Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**CUSTODIAL INFORMATION**

Student living with? (Circle one)

Both    Father    Mother    Father/Stepmother    Mother/Stepfather

Other \_\_\_\_\_

**INFORMATION RELEASE/PERMIT (Yes or No)**

\_\_\_\_\_ Internet Access

\_\_\_\_\_ Photo/Video Release

\_\_\_\_\_ Hearing & Eye Screening

\_\_\_\_\_ Include in Ren Web Directory

**TITLE 1 INFORMATION**

To which public school is your child zoned? \_\_\_\_\_

**TRANSPORTATION INFORMATION**

\_\_\_\_\_ Bus    \_\_\_\_\_ Car    \_\_\_\_\_ Extended Day

**TUITION INFORMATION**

\_\_\_\_\_ I choose to Pay the Tuition in Full by June.

\_\_\_\_\_ I choose to Finance the Tuition through Facts.

**MEDICAL INFORMATION**

Hospital \_\_\_\_\_

If yes, explain.

Long Term Medication \_\_\_\_\_

Special Diet \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Condition \_\_\_\_\_

**RELIGIOUS INFORMATION**

Religion \_\_\_\_\_ Church \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

Transferred From \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone & Fax \_\_\_\_\_

**PREVIOUS BEHAVIOR IN SCHOOL**

No Major Difficulties \_\_\_\_\_

Suspended \_\_\_\_\_

Expelled \_\_\_\_\_

Comments \_\_\_\_\_

### MOTHER'S CONTACT INFORMATION

Living? Yes No

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address if different from page 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Place \_\_\_\_\_ Education \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_

### FATHER'S CONTACT INFORMATION

Living? Yes No

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address if different from page 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Place \_\_\_\_\_ Education \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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Last Name \_\_\_\_\_

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Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

Relationship to Child \_\_\_\_\_