

PLEASE PRINT AND COMPLETE BOTH SIDES

St. Charles Borromeo School  
New Student Registration Form

Office Use Only

Date: \_\_\_\_\_ SCB Church Envelope # \_\_\_\_\_ Child's Age \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Reg Fee CK# \_\_\_\_\_ /Cash  
Birth Certificate \_\_\_\_\_  
Baptismal Certificate \_\_\_\_\_  
Immunization \_\_\_\_\_  
Custody Papers \_\_\_\_\_

STUDENT INFORMATION Social Security # \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ School last attended: \_\_\_\_\_ Pass Repeat

Race: Caucasian African American Hispanic Asian Other: \_\_\_\_\_ Parent's e-mail address \_\_\_\_\_

Has your child been evaluated: \_\_\_\_ Yes \_\_\_\_ No (If Yes, you must attach a current evaluation to this registration form.)

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of Communion \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

\*\*\*\*PLEASE NOTE: IF YOUR CHILD IS IN 3<sup>RD</sup> - 7<sup>TH</sup> GRADE AND NEEDS TO BE PREPARED TO RECEIVE 1<sup>ST</sup> RECONCILIATION AND 1<sup>ST</sup> EUCHARIST, PLEASE CHECK HERE \_\_\_\_\_

Child resides with: (Please check one) \_\_\_\_ Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_\_ (State Relationship)

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Religion \_\_\_\_\_ Deceased Yes No  
First Middle Last

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_ Religion \_\_\_\_\_ Deceased Yes No  
First Middle Last

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Are parents alumni of St. Charles? \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Both Parents

Name of church parish in which parents are registered: \_\_\_\_\_ Voucher \_\_\_\_ Yes \_\_\_\_ No

Please Note: It is the parent's responsibility to submit copies of the child's birth certificate, baptismal certificate, immunization record, and custody papers to the school office by June 1. For all 1<sup>st</sup> - 7<sup>th</sup> grade applicants, a copy of the student's final report card for this school year must be submitted to the school office by June 10<sup>th</sup>.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

AUTHORIZATION AND RELEASE

I/we, parents of \_\_\_\_\_[student], hereby authorize any school previously attended by our child, \_\_\_\_\_[student], 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 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] to ST CHARLES BORROMEEO School. The foregoing authorization also applies in the event that ST CHARLES BORROMEEO 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 CHARLES BORROMEEO School is then authorized 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 records.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_