



# St. Clement of Rome School

## Application Item Checklist

### Information required for registration:

- ✓ Application (completed)
- ✓ Birth Certificate
- ✓ Baptism Certificate
- ✓ Immunization Record
- ✓ Social Security Card
- ✓ Registration Fee
  - \$165 Registration Fee/1<sup>st</sup> child or
  - \$150 Registration Fee/child (each additional child)
- ✓ Technology Fee
  - \$65 Tech Fee/1<sup>st</sup> child or
  - \$105 Tech Fee / 2 children or
  - \$135 for 3 or more children

If applicable the following items are also needed:

- ✓ All standardized test scores
- ✓ All previous report cards
- ✓ Allergy information
- ✓ Custody Papers
- ✓ Evaluations
- ✓ First Communion Certificate



# St. Clement of Rome School

## Student/Family Application

Today's Date: \_\_\_\_\_

### Student Demographics

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

Formal First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Nick Name: *(if any)* \_\_\_\_\_

Birthday *(MM-DD-YYYY)* \_\_\_\_\_

Social Security Number *(###-##-####)* \_\_\_\_\_

Gender: *(Please circle)*

Male

Female

Ethnicity: *(Please circle any applicable)*

American Indian or Alaskan Native

Asian

Black or African American

Hispanic/Latino

White

Native Hawaiian or other Pacific Islander

Other: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Grade Level Entering: *(Please circle)*

PK2

PK3

PK4

K

1st

2nd

3rd

4th

5th

6th

7th

Previous School: \_\_\_\_\_

## Student Faith

Religion: \_\_\_\_\_

Baptism Church: \_\_\_\_\_

Date: \_\_\_\_\_ City, State: \_\_\_\_\_

First Reconciliation Church: \_\_\_\_\_

Date: \_\_\_\_\_ City, State: \_\_\_\_\_

First Communion Church: \_\_\_\_\_

Date: \_\_\_\_\_ City, State: \_\_\_\_\_

## Student Medical

Doctor: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Medication taken daily: \_\_\_\_\_

**Has the student had an educational, psychological, or speech evaluation?** *(please circle)*

**Yes**

**No**

**I swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.**

\_\_\_\_\_  
*(parent/guardian signature)*

\_\_\_\_\_  
*(date)*

*\*If yes, please provide a copy with this application.*

(Please complete one per family, office can xerox if multiple student applicants)

### Caretaker 1

Guardian / Mother / Father / Other:

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Are you registered with a Church Parish?    Yes    No                    If so please list below:

\_\_\_\_\_

Alumni of SCR? (Circle)    Yes    No    Year graduated and Maiden name (if applicable)? \_\_\_\_\_

Parental Status: (circle one)    Single            Married            Separated            Divorced

### Caretaker 2

Guardian / Mother / Father / Other:

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

City, State, and ZIP: \_\_\_\_\_

Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Are you registered with a Church Parish?    Yes    No                    If so please list below:

\_\_\_\_\_

Alumni of SCR? (Circle)    Yes    No    Year graduated and Maiden name (if applicable)? \_\_\_\_\_

Parental Status: (circle one)    Single            Married            Separated            Divorced

# Emergency

*(Other than Caretakers)*

Contact 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 3: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allowed to Pick Up Child:

Adult1: \_\_\_\_\_

Adult2: \_\_\_\_\_

Adult3: \_\_\_\_\_