

# Saint Susanna School Registration Form 2020 - 2021



Please print legibly in blue or black ink. **ALL FIELDS MUST BE COMPLETED.** Registration must be accompanied with an official birth certificate, baptismal records (if applicable), and current immunization records.

## Student Information

Legal Name of Student (as it appears on Birth Certificate)

\_\_\_\_\_  
 (First) (Middle) (Last)

Home/Primary Phone \_\_\_\_\_ Nickname \_\_\_\_\_

Primary Email \_\_\_\_\_

Street Address \_\_\_\_\_

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

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender  Male  Female

Religion \_\_\_\_\_ St. Susanna Parishioner?  Yes  No

Current Grade Level \_\_\_\_\_ Expected Grade Level for Fall 2020 \_\_\_\_\_

**Ethnicity**  White/Non-Hispanic  Black/Non-Hispanic  Hispanic  
 Asian or Pacific Islander  American Indian/Alaskan Native  Multi-Racial  
 Not Specified

Birthplace (City & State) \_\_\_\_\_

### Home Languages

What language did your child speak when he/she first learned to talk? \_\_\_\_\_

What language does your child use most frequently at home? \_\_\_\_\_

What language do you speak most frequently to your child? \_\_\_\_\_

What language do the adults at home most often speak? \_\_\_\_\_

Public School District/Building of student's residence \_\_\_\_\_

School currently attending \_\_\_\_\_

If your child currently attends a preschool, please check here  if you are opposed to Saint Susanna School contacting them.

Is this student presently suspended or expelled from another school district?  Yes  No

If Yes, name of School and District \_\_\_\_\_

Has the student ever been retained?  Yes  No If Yes, grade level retained \_\_\_\_\_

Name/City of previous school(s) and grade(s) attended

1. \_\_\_\_\_ Grade(s) \_\_\_\_\_

2. \_\_\_\_\_ Grade(s) \_\_\_\_\_

**Special Services** Has your child received any of the following services?

ESL  Gifted  IEP/ISP  Reading Specialist  Math Specialist  
 Speech/Language  504/Accommodation Plan

**Sacraments** Date Church City/State

Baptism \_\_\_\_\_

First Eucharist \_\_\_\_\_

Reconciliation \_\_\_\_\_

## Family Information

Status of Parents  Married  Separated  Divorced  Never Married  Mother Deceased  Father Deceased

Are you the natural parents of the child?  Yes  No Are you the adoptive parents of the child?  Yes  No

If mother and father's addresses are different, who has legal custody of the child? \_\_\_\_\_

### Parent/Guardian

Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_  
(First) (Last)

Address (if different than student)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers Primary?

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mobile ( ) \_\_\_\_\_

Email Addresses Primary?

Home \_\_\_\_\_

Work \_\_\_\_\_

Religion \_\_\_\_\_

Relationship to student

Father  Mother  Legal Guardian

Stepfather  Stepmother  Other \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

### Parent/Guardian

Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_  
(First) (Last)

Address (if different than student)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers Primary?

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mobile ( ) \_\_\_\_\_

Email Addresses Primary?

Home \_\_\_\_\_

Work \_\_\_\_\_

Religion \_\_\_\_\_

Relationship to student

Father  Mother  Legal Guardian

Stepfather  Stepmother  Other \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Please list the ministries at Saint Susanna Parish in which you have been active during the past year:

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Other pertinent information: \_\_\_\_\_

Saint Susanna Parish School admits students of any race, color, and national or ethnic origin. This school complies with The Decree on Child Protection which is promulgated by the Archbishop of Cincinnati. Our fingerprinting policy includes manual fingerprinting for employees and electronic background checks for all employees and volunteers.

Certain information requested is mandated under Senate ORC Bill 140 and Education Management Information System (Sections 3301-0714).

I, the undersigned, do hereby state and declare under penalty of falsification that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# Additional Parents/Guardians (Optional)

Student Name

\_\_\_\_\_  
(First) (Middle) (Last)

## Parent/Guardian

Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_  
(First) (Last)

Address (if different than student)

Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers Primary?

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mobile ( ) \_\_\_\_\_

Email Addresses Primary?

Home \_\_\_\_\_

Work \_\_\_\_\_

Religion \_\_\_\_\_

Relationship to student

Father  Mother  Legal Guardian  
 Stepfather  Stepmother  Other \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

## Parent/Guardian

Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_  
(First) (Last)

Address (if different than student)

Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers Primary?

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Mobile ( ) \_\_\_\_\_

Email Addresses Primary?

Home \_\_\_\_\_

Work \_\_\_\_\_

Religion \_\_\_\_\_

Relationship to student

Father  Mother  Legal Guardian  
 Stepfather  Stepmother  Other \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Please list the ministries at Saint Susanna Parish in which you have been active during the past year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_