

APPLICATION FOR REGISTRATION

ST. CHARLES BORROMEO SCHOOL

4600 ACKERMAN BOULEVARD

KETTERING, OHIO 45429

Phone: 937-434-4933 Fax: 937-434-6692

www.stcharles-kettering.org

This form must be accompanied by:

- ☐ \$70.00 registration fee (non-refundable)
- ☐ Original Birth Certificate
- ☐ Baptismal Certificate

Preschool, please circle one grade and time: PS-3 (3-Day) PS-4 A.M.\ P.M. (4-Day)

Grade, please circle one: TK K 1 2 3 4 5 6 7 8

If 1st grade, did child successfully complete kindergarten? ☐ Yes ☐ No

NEW STUDENT INFORMATION

Date: _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Phone# _____

Street

City

Zip

E-mail Address _____ Male _____ Female _____

Birth _____ Place _____

Month

Day

Year

City

State

Student resides with: ☐ Mother & Father ☐ Mother only ☐ Father only ☐ Guardian
☐ Mother & Stepfather ☐ Father & Stepmother ☐ Other _____

Ethnicity ☐ Hispanic ☐ Not Hispanic

Race: ☐ White ☐ Black/African-American ☐ Asian ☐ Multi Racial ☐ American Indian

Is student an immigrant to the United States: ☐ No ☐ Yes

Student's primary speaking language is: _____ other languages? _____

Public School: District of Residence _____ Public School Building _____

Has student had any previous grade retention? ☐ No ☐ Yes If yes, what grade? _____

Transportation: Will child be using public school transportation on a regular basis? ☐ Yes ☐ No

Public School District of Residence _____ (Local district establishes qualifications)

School Services: Does student receive any special education needs or help? ☐ No ☐ Yes

If Yes, what areas: _____

Does the student have an IEP? ☐ No ☐ Yes If yes, disability category: _____

If yes to IEP, a copy of the current IEP must be returned with this application to St. Charles School.

Student's Religious Education Background Is Student Catholic? ☐ Yes ☐ No ☐ Other _____

Sacraments	Baptism	Reconciliation	First Communion	Confirmation
Date				
Church				
Address, City, State				

CURRENT SCHOOL

Current Grade: _____ Current School: _____

Address _____ City _____ State _____

Previous school(s) student attended: _____

Has the student been expelled or suspended from school- _____

Student Name _____

Grade: _____

PARENT AND FAMILY INFORMATION

Father's Name: _____

☐ Father ☐ Stepfather ☐ Guardian ☐ Deceased

Address (if different from Student): _____
Street City State Zip

Marital Status: ☐ Single ☐ Married ☐ Divorced ** Religion: _____

Birthplace: _____

E-mail Address: _____ Home Phone: _____ Cell phone: _____

Occupation: _____ Place of Employment: _____

Work Phone: _____

Highest Education: ☐ High School ☐ Some College ☐ Bachelor's ☐ Masters ☐ Professional _____

Did Father/Stepfather/Guardian attend St. Charles School? ☐ Yes ☐ No If yes, year of graduation: _____

Registered Members of St. Charles Parish? ☐ Yes ☐ No Other: _____ Number of Years: _____

Mother's Name: _____ Maiden Name _____

☐ Mother ☐ Stepmother ☐ Guardian ☐ Deceased

Address (if different from Student): _____
Street City State Zip

Marital Status: ☐ Single ☐ Married ☐ Divorced ** Religion: _____

Birthplace: _____

E-mail Address: _____ Home Phone: _____ Cell phone: _____

Occupation: _____ Place of Employment: _____

Work Phone: _____

Highest Education: ☐ High School ☐ Some College ☐ Bachelor's ☐ Masters ☐ Professional _____

Did Mother/StepMother/Guardian attend St. Charles School? ☐ Yes ☐ No If yes, year of graduation: _____

Registered Members of St. Charles Parish? ☐ Yes ☐ No Other: _____ Number of Years: _____

**** IN CASE OF A DIVORCE, A COPY OF THE CUSTODY PAPERS MUST BE ON FILE AT SCHOOL.**

Who has legal custody of this Student? _____

Is there a court order regarding this student: ☐ Yes ☐ No **If yes, copy must be provided to the school.**

Names of Siblings	Male or Female	Birthday (M/D/Y)	School Attending
1.			
2.			
3.			
4.			
5.			
6.			

Emergency Contacts (Contacted if parents cannot be located) / Authorized Release (parent authorizes person to pick up student)

****Must list at least 2 in the event parents cannot be located- list 2 non parental contacts ****

Name	Relationship	Home Phone	Day/Cell Phone	Address
1.				
2.				
3.				

Student Name _____

Grade: _____

Security Profile

- | | | |
|--|-----------|----------|
| 1. Students name allowed in publications | Yes _____ | No _____ |
| 2. Students address allowed in publications | Yes _____ | No _____ |
| 3. Students Phone Number allowed in publications | Yes _____ | No _____ |
| 4. Students Photo allowed in publications | Yes _____ | No _____ |
| 5. Students Artwork allowed in publications | Yes _____ | No _____ |
| 6. Students email allowed in publications | Yes _____ | No _____ |

The Archdiocesan School Office requests permission to forward student directory information to Catholic high schools within the Archdiocese once your child reaches the fifth grade. Students will be receiving information regarding high school enrollment, events and testing. I give permission for my contact information to be released to the Archdiocese. Yes _____ No _____

I will be responsible for informing St. Charles School Office of any changes to the above information as soon as possible. I verify that all information provided is true and consistent with all tuition aid forms, if completed. I agree to follow the policies and regulations of St. Charles School as stated in the Handbook.

SIGNATURE _____ **DATE** _____
Parent/Guardian that completed this form

*Additional information about your child that you feel we should know may be stated on a separate sheet of paper.

**Completion of application for registration form does not guarantee enrollment to St. Charles Borromeo School.

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4600 ACKERMAN BOULEVARD
KETTERING, OHIO 45429
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REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

It is requested that an official copy of the school records of the listed student be released or transferred to Saint Charles as soon as possible.

Requested Documents Include: Cumulative Grade Records
Medical Records
Current IEP and 504
Standardized Test Scores

Student's Name _____

Birthdate _____ Grade _____

Sending School

Fax: _____

Telephone: _____

E-mail: _____

Receiving School

St. Charles School _____

4600 Ackerman Blvd. _____

Kettering, OH 45429 _____

Phone: (937) 434-4933 Fax: (937) 434-6692

Email: office@stcharleskettering.org

I hereby authorize the transfer of **all** school records as defined by PL-93-380 and any amendments thereto for the above named student. By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred.

Signature of Parent, Guardian

Signature of School Person

Address of Parent, Guardian

Date