

Saint Joan of Arc School



APPLICATION FOR ENROLLMENT

Date Entered: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Name child goes by or nickname: _____ Gender: M / F

Birthdate: _____ Birthplace (City, State, Country): _____

Mailing Address: _____ City: _____ County: _____ Zip: _____

Home Phone: _____ Parish / City: _____

Ethnicity (Optional): Caucasian Black/African American Multiracial American Indian /Alaskan Native

Hispanic Asian Native Hawaiian /Other Pacific Islands Other _____

Language (s) Spoken at Home: _____

Student entering from: Parochial Other Grade student is entering: _____

School student is entering from: _____ School City /State: _____

SACRAMENTS Baptism Date: _____ Reconciliation Date: _____ Communion Date: _____ Confirmation Date: BAPTISM

CERTIFICATE Verified by: _____ Church: _____ City, State, Zip: _____ OTHER CHILDREN IN THE

SIBLINGS/LIST NAME & BIRTHDATES 1. _____ 3. _____

2. _____ 4. _____



Saint Joan of Arc School

STUDENT LIVES WITH

Parent/Guardian 1

(Circle one)

Mr. Mrs. Ms. Miss. Dr.

<input type="checkbox"/> Natural Mother <input type="checkbox"/> Natural Father <input type="checkbox"/> Custodial Mother <input type="checkbox"/> Custodial Father <input type="checkbox"/> Other	Last Name	First Name	Maiden Name	Birthplace	Occupation	Employer
	Email Address		Work Phone		Preferred Phone Number	
	Religion		Parent Marital Status		Level of Education Completed	

Parent/Guardian 2

(Circle one)

Mr. Mrs. Ms. Miss. Dr.

<input type="checkbox"/> Natural Mother <input type="checkbox"/> Natural Father <input type="checkbox"/> Custodial Mother <input type="checkbox"/> Custodial Father <input type="checkbox"/> Other	Last Name	First Name	Maiden Name	Birthplace	Occupation	Employer
	Email Address		Work Phone		Preferred Phone Number	
	Religion		Parent Marital Status		Level of Education Completed	

Saint Joan of Arc School



Saint Joan of Arc
CATHOLIC SCHOOL

INFORMATION REGARDING LEGAL CUSTODY

Child's Name: _____ Grade Entering: _____ Date: _____

Address of Child's Residence: _____

Child lives with: _____ both natural parents
_____ natural mother, step/adoptive father
_____ natural father, step/adoptive mother
_____ only mother
_____ only father
_____ grandparents (with legal custody)
_____ other relative (with legal custody), relationship _____
_____ other; please explain: _____

Residential parent/guardian:

Name: _____
Address: _____
City, Zip: _____
Telephone: _____

Is there a court order (or pending order) affecting the custody and/or residency of the child? _____

Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Also, include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

Non-residential parent/s:

Name: _____
Address: _____
City, Zip: _____
Telephone: _____

Does the non-residential parent have visitation rights? _____

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? _____

Is the non-residential parent responsible for paying tuition? _____

Signature of Parent Competing this form _____

Saint Joan of Arc School



Saint Joan of Arc
CATHOLIC SCHOOL

Request for Release of Student Records

Date: _____

We hereby request all records to be sent to St. Joan of Arc School regarding the following student(s):

(student's name)

(DOB)

(student's name)

(DOB)

_____ Official School Transcript

_____ Standardized Test Scores

_____ Medical/Immunization Records

_____ Psychological Records

I hereby grant permission for you to release all records for the above student(s) for the following purpose: **Student Transfer**

Records to be sent to: **Saint Joan of Arc School
498 East Washington Street
Chagrin Falls, OH 44022**

Parent /Guardian Signature

Secretary Signature