



St. Juliana Catholic School
A Ministry of St. Juliana and Holy Name of Jesus Parishes
Registration Form
 School Year 2012 – 2013

Student Information		
Student Name (Last, First, Middle)		
Student Local Address (Number, City, State, Zip)		
Student Social Security Number	Student Home Telephone Number	Student Date of Birth (mm/dd/yyyy)
Student Place of Birth (City, State)	Student Gender: M _____ F _____	Number of Siblings at St. Juliana
Indicate who the student lives with (Check only one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____		
Student's Siblings:		
Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
Student Registering for Grade:	Language Spoken at Home:	
Student Race/Ethnic Origin:	<input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Student Religious Affiliation:	If Catholic, name of church where you are registered:	Envelope Number:
Has student been Baptized? Yes _____ No _____		
Date _____ Location _____		
Has student received First Holy Communion? Yes _____ No _____		
Date _____ Location _____		
Previous Education Information		
Name of Last School Attended:	Last School Attended Telephone:	School Type: _____ Public _____ Private _____ Pre-K
City of Last School Attended:	State of Last School Attended:	County/Country Last School Attended:
Grade Level This Year:	Grade Level Next School Year:	Last Date Attended School:

Father/Guardian Information

Father/Guardian's Name (Last, First, Middle)	Home Phone Number:
	Cell Phone Number:
Employer/Company Name:	Occupation:
Employer Address (Number, City, State, Zip):	Work Telephone Number (Extension):
Home Address If Not Same as Student (Number, City, State Zip):	Email Address:
Father/Guardian (Please Check All That Apply):	
<input type="checkbox"/> Publish Home Phone in School Directory <input type="checkbox"/> Receive Report Card	
<input type="checkbox"/> Send Mail to Home <input type="checkbox"/> Live With Child	
<input type="checkbox"/> Print Name on Reports <input type="checkbox"/> Custodial Rights	
<input type="checkbox"/> Authorized as Emergency Contact <input type="checkbox"/> Authorized to Pick up Student from School	

Mother/Guardian Information

Mother/Guardian's Name (Last, First, Middle)	Home Phone Number:
	Cell Phone Number:
Employer/Company Name:	Occupation:
Employer Address (Number, City, State, Zip):	Work Telephone Number (Extension):
Home Address If Not Same as Student (Number, City, State Zip):	Email Address:
Mother/Guardian (Please Check All That Apply):	
<input type="checkbox"/> Publish Home Phone in School Directory <input type="checkbox"/> Receive Report Card	
<input type="checkbox"/> Send Mail to Home <input type="checkbox"/> Live With Child	
<input type="checkbox"/> Print Name on Reports <input type="checkbox"/> Custodial Rights	
<input type="checkbox"/> Authorized as Emergency Contact <input type="checkbox"/> Authorized to Pick up Student from School	

Important Information

Is there a visitation order or other court order banning either parent from removing the student during the school day or coming into contact with the student during the school day?

____ Yes ____ No

Do parents have shared parental responsibility? If no, please provide school with copy of court order.

____ Yes ____ No

Emergency Information

Provide the name(s) of person(s), other than parents, allowed to pick up the student:

Name (First, Middle, Last):	Relationship to Student	Home Telephone/Other Primary Number
Name (First, Middle, Last):	Relationship to Student	Home Telephone/Other Primary Number
Name (First, Middle, Last):	Relationship to Student	Home Telephone/Other Primary Number

Please do not allow my student to be picked up by:

Please provide us with a password for pick up (limit 16 letters – please print):

Parental Consent for Internet Use

I hereby give permission for my child to access the internet. I understand that students may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of internet use, setting and conveying standards for my child to follow when selecting, sharing, or researching information and media.

Signature of Parent/Guardian

Date

Parent Consent for Release of Student Photograph and Information

I hereby give permission for St. Juliana Catholic School or the Diocese of Palm Beach to use my child's photograph, video image, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, dates of attendance, diplomas and awards received in newspapers and websites. I understand that without my signature, my child's name and photograph cannot and will not be included in any publication.

Signature of Parent/Guardian

Date

Medical Treatment Release Form

Student Name:	Student Date of Birth:
Primary Doctor:	Phone Number:
Dentist:	Phone Number:
Insurance Carrier:	Policy Number:

I _____ (Parent/Guardian) give St. Juliana Catholic School and its designated representative permission to transport and sign all forms related to the necessary medical treatment for _____ (Child). I also permit any and all required medical treatment to be administered by qualified medical personnel, including calling 9-1-1.

Signature of Parent/Guardian

Date

List any/all medications student is taking:

List any/all known allergies, including food and medicines:

Please indicate any special needs or information necessary to ensure the appropriate medical attention is provided:

I understand that this application form does not guarantee admission into St. Juliana Catholic School. Schools in the Diocese of Palm Beach admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the schools. Registration form is not valid without parent signature(s).

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date