

NEWMAN CENTRAL CATHOLIC HIGH SCHOOL

2012 - 2013 REGISTRATION FORM

This form must be completed each year

PLEASE PRINT

DATE _____ HOME PARISH _____

GRADE/MIDDLE SCHOOL ATTENDED _____ RELIGION _____

PUBLIC SCHOOL DISTRICT _____

STUDENT'S LEGAL NAME			GRADE 2012-13	DATE OF BIRTH & PLACE OF BIRTH	SS NUMBER (REQUIRED)
LAST	FIRST	MIDDLE			

STUDENT'S RACE (please enter one choice for state report) _____ Hispanic or Latino _____ American Indian or Alaska Native _____ Asian
 _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____ Two or More Races

STUDENT LIVES WITH _____ Both Parents _____ Mother _____ Father
 _____ Guardian _____ Other _____

FATHER'S NAME _____ RELIGION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMPLOYER _____

CELL PHONE _____ WORK PHONE _____ EXT. _____

_____ MARRIED _____ DIVORCED _____ SEPARATED _____ DECEASED _____ REMARRIED _____ SINGLE

MOTHER'S NAME _____ RELIGION _____

MOTHER'S MAIDEN NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMPLOYER _____

CELL PHONE _____ WORK PHONE _____ EXT. _____

_____ MARRIED _____ DIVORCED _____ SEPARATED _____ DECEASED _____ REMARRIED _____ SINGLE

EMAIL ADDRESS _____

(This is the email you wish to have your billing statements sent for the school bookkeeper. This is NOT for EDLINE purposes.)

If applicable, please check one and complete the following information:

_____ Stepfather _____ Stepmother _____ Guardian _____ Other _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

If divorced, who has legal custody? NAME: _____

Do you have joint custody? _____ Yes _____ No If no, certified copy of custody agreement must be on file at the school.

If student(s) does not live with both parents, should non-custodial parent be put on the Mailing List? _____ Yes _____ No

If yes, please provide non-custodial parent name and address.

SCHOOL DIRECTORY

It is necessary to have your permission to publicize your information? Would you like to be included in the Newman directory? _____ Yes _____ No

If yes, fill out the information you want included. It is not necessary to give either your phone or address. With limited space, provided only one phone number.

PLEASE PRINT

Parent(s) Name _____

Address _____

(1) phone number _____

Example:
Smith, John & Mary
1111 Maple Dr.
Sterling IL 61081
(815) 555-5555
Jeff (9) Suzy (11)

EMERGENCY INFORMATION

Name of responsible adult who will assume responsibility of child if parents cannot be reached:

1st Choice: NAME: _____ PHONE: _____

2nd Choice: NAME: _____ PHONE: _____

Physician: _____ PHONE: _____

Dentist: _____ PHONE: _____

Special Health Conditions of Child: _____

Other Special Concerns or Problems: _____

If your child is not feeling well, do you authorize school authorities to administer Tylenol? _____ Yes _____ No

If you and/or the physician of choice, as indicated above cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize school authorities to send your child (properly accompanied) to an available hospital of physician?

_____ Yes _____ No

Signature of Father/Guardian Date

Signature of Mother/Guardian Date