

PORTSMOUTH CATHOLIC REGIONAL SCHOOL
REGISTRATION FOR GRADES PK-3 – 8

TO BE COMPLETED BY PARENT OR GUARDIAN (Please print or type)

Date _____

APPLICANT INFORMATION

Full Name of Student _____
Last First Middle

Grade Student will be entering in 2011-2012 school year _____

Date of Birth _____ Place of Birth _____

Student's Social Security Number _____ Is Student a US Citizen? _____

Home Address _____
Street City State Zip Code

Home Phone _____ Emergency Phone _____

School student is presently attending _____

Address of present school _____

FAMILY INFORMATION

Mother/Stepmother: Father/Stepfather: Legal Guardian, if applicable:
Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

Home Phone _____ Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____ Cell Phone _____

Email Address* _____ Email Address* _____ Email Address* _____

*I/We Do/Do Not want this Email address used by the school to inform me/us of legislative and other issues involving my/our child(ren)'s education.

Occupation _____ Occupation _____ Occupation _____

Religion _____ Religion _____ Religion _____

Marital Status _____ Marital Status _____ Marital Status _____

Student lives with/relationship: _____

Name and Age of Brothers and Sisters: _____

If any immediate family members are or have been students at PCRS, give name, relationship and graduating class:

<u>Name</u>	<u>Relationship</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____

**ETHNIC
BACKGROUND**

_____ Hispanic _____ American Indian/Alaskan Native
_____ Caucasian _____ Asian/Asian American/Pacific Islander
_____ African American _____ Other: _____

PERMISSIONS

I give permission for Portsmouth Catholic Regional School to take photographs and/or video of my child to be used for educational purposes, public relations, yearbook, etc.

Parent/Guardian Signature Date

The following information will be used to publish the yearly school directory. Please complete the information, as you would like it to appear in the directory, which is distributed to Portsmouth Catholic Regional School families only.

Family Name _____ Student's Name /Grade _____

Student's Name/Grade _____ Student's Name/Grade _____

Address _____

Phone Number _____

_____ **I do not want any family information to appear in the school directory.**

FACTS Financial Aid forms are available in the school office or you may apply on-line at www.factstuitionaid.com. APPLICATION FOR FINANCIAL ASSISTANCE DOES NOT GUARANTEE FUNDS WILL BE AWARDED. **Applications must be completed with supporting documentation by March 1, 2011.**

Registration Fee for all students is \$130.00 per child.

PARISH INFORMATION

_____ St. Paul _____ St. Therese _____ St. Mary (Suffolk)
_____ Holy Angels _____ Resurrection _____ St. Mary (Bowers Hill)

_____ Out-Parish (Catholic) _____
Name of Parish

_____ Out-Parish (Non-Catholic) _____
Name of Church

STUDENT PARISH INFORMATION (Catholic students only)

Baptism: _____ / _____ / _____ _____
Name of Parish Location

First Eucharist: _____ / _____ / _____ _____
Name of Parish Location

Reconciliation: _____ / _____ / _____ _____
Name of Parish Location

STUDENT EMERGENCY INFORMATION

Allergies: _____ Daily Medication: _____

Other Health Conditions: _____

Choice of Hospital: _____ Phone: _____

Student's Doctor: _____ Phone: _____

Doctor's Address: _____

Insurance: _____

Sponsor's Name: _____ Sponsor's Social Security Number: _____

EMERGENCY CONTACTS: (IF PARENTS CANNOT BE REACHED)

Name: _____ Name: _____

Relation: _____ Relation: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Cell Phone: _____ Cell Phone: _____

NEW STUDENT INFORMATION

Has the applicant previously applied to Portsmouth Catholic Regional School? YES NO
If yes, briefly discuss any additional information you feel will be of value.

Has the applicant been expelled from any school in which he/she attended? YES NO
If yes, explain.

Does the applicant have any disability (physical or educational) that will require special accommodations provided by the school? YES NO If yes, explain.

Has the applicant missed more than 20 days of school in the last year? YES NO If yes, explain.

Has the applicant ever been enrolled in special educational classes or received special services? YES NO
If yes, explain.

How did you become interested in Portsmouth Catholic Regional School?

Submit all necessary registration papers and the non-refundable application of \$130.00 per student to:

Portsmouth Catholic Regional School
2301 Oregon Avenue
Portsmouth, Virginia 23701
Phone: (757) 488-6744
Fax: (757) 465-8833
Web site: portsmouthcatholic.net

APPLICATIONS CANNOT BE PROCESSED UNTIL ALL FORMS AND NECESSARY REQUIREMENTS ARE COMPLETED AND RETURNED.

Signature of Parent/Guardian Date

PORTSMOUTH CATHOLIC REGIONAL SCHOOL
REGISTRATION FOR GRADES PRE-3 – 8

TO BE COMPLETED BY PARENT OR GUARDIAN (Please print or type)

Date _____

APPLICANT INFORMATION

Full Name of Student _____
Last First Middle

Grade Student will be entering in 2011-2012 school year _____

Date of Birth _____ Place of Birth _____

Student's Social Security Number _____ Is Student a US Citizen? _____

School student is presently attending _____

Address of present school _____

STUDENT PARISH INFORMATION (Catholic students only)

Baptism: ____/____/____ _____
Name of Parish Location

First Eucharist: ____/____/____ _____
Name of Parish Location

Reconciliation: ____/____/____ _____
Name of Parish Location

STUDENT EMERGENCY INFORMATION

Allergies: _____ Daily Medication: _____

Other Health Conditions: _____

Choice of Hospital: _____ Phone: _____

Student's Doctor: _____ Phone: _____

Doctor's Address: _____

Insurance: _____

Sponsor's Name: _____ Sponsor's Social Security Number: _____

