

Saint Patrick Parish School  
 3700 Garden Avenue  
 Miami Beach, Florida 33140

2016-2017  
 RE-REGISTRATION INFORMATION

\_\_\_\_\_  
 Last Name                      First                      Middle                      Name Student Goes By

\_\_\_\_\_  
 Home Address                      Sex                      Date of Birth                      Student SS Number

\_\_\_\_\_  
 City                      State      Zip                      Grade Applying For                      Academic Year

STUDENT RESIDES WITH

\_\_\_\_\_  
 Relationship                      Name

EXTENDED DEMOGRAPHIC INFORMATION

\_\_\_\_\_  
 Religion of Student                      List Parish Envelope #.                      If other faith, list church membership

Ethnic origin (This information is for reporting purposes and in no way influences admission.)

Is this student Hispanic/Latino? \_\_\_\_ Yes \_\_\_\_ No

What is the student's race?

\_\_\_\_ Caucasian                      \_\_\_\_ Black or Africa American                      \_\_\_\_ Hispanic                      \_\_\_\_ Multi Racial  
 \_\_\_\_ American Indian/  
 Native Alaskan                      \_\_\_\_ Pacific Islander/  
 Native Hawaiian                      \_\_\_\_ Asia

List members of your family who presently or previously attended St. Patrick Parish School:

Name	Relationship	Year	Year Grad
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide Parents email for Home and School Communication: Father: \_\_\_\_\_  
 (Print clearly)

Mother: \_\_\_\_\_

REGISTRATION FORM MUST BE ACCOMPANIED BY A \$250 REGISTRATION FEE AND  
 FUNDED DEPRECIATION DONATION OF \$500

If the student has a health problem, or allergies, or if he/she is handicapped in any way that might interfere with his/her regular school work and his/her full participation in the physical education program, please state the facts here or on a separate sheet of paper.

---

---

Describe any special problems that might interfere with the student's school work, e.g. diagnosed learning disability and also describe methods used to deal with the problem.

---

---

---

\_\_\_\_ FATHER    \_\_\_\_ GUARDIAN    TITLE \_\_\_\_\_

\_\_\_\_ MOTHER    \_\_\_\_ GUARDIAN    TITLE \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address (if different)

\_\_\_\_\_  
Home Address (if different)

\_\_\_\_\_  
City                      State              Zip

\_\_\_\_\_  
City                      State              Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

Report cards, school information etc. may be provided to both parents unless otherwise indicated.  
The statements contained in this application are true and complete to the best of my/our knowledge. I / We understand that misrepresentation or omission of facts called for on this form may be cause for dismissal of the applicant.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Co-Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

***Open Admission Policy***

St. Patrick Catholic School has an open admission policy. No person, on the grounds of race, color, disability or national origin, is excluded or otherwise subjected to discrimination in the receiving of services. Nor does the school discriminate in hiring, promotion, discharge, pay fringe benefits, job training, classification, referral and other aspects of employment on the basis of color, disability, age, gender, or national origin.