

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

2019-2020
 RE-REGISTRATION INFORMATION

 Last Name First Middle Name Student Goes By (Nick-Name)

 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?

- | | | | |
|---|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Black or Africa American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multi Racial |
| <input type="checkbox"/> American Indian/
Native Alaskan | <input type="checkbox"/> Pacific Islander/
Native Hawaiian | <input type="checkbox"/> 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 \$400.00 REGISTRATION FEE AND FUNDED DEPRECIATION DONATION OF \$1000.00 DUE AT REGISTRTION IN FULL

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.