



INITIAL FORM NEEDED FOR APPLICATION

- Completed copy of St. Francis of Assisi Registration Form
- \$250 Registration Fee/per family (NON-REFUNDABLE)

FORMS THAT MUST BE TURNED IN AT STUDENT ASSESSMENT/SHADOW DAY

Copies of last 2 years report cards and standardized testing (not needed for K)

FORMS THAT MUST BE TURNED IN BY REGISTRATION IN AUGUST

- Letter of good standing from previous parish (if applicable)
- A copy of Registered Birth Certificate from Frankfort KY or state where child was born. (Hospital Certificates are not acceptable)
- Baptismal Certificate (if not baptized at St. Francis of Assisi) if applicable
For an older student that has already made First Eucharist, Reconciliation and/or Confirmation, please include copies of those certificates.
- Copy of Social Security Card
- Up-to-date Immunization Certificate with Hepatitis A vaccine. Month, day, year it expires must be stated on the certificate and it must be signed by the physician
- Medical Examination Form completed by the physician
- Eye Examination Form completed by an optometrist or ophthalmologist (K and 1st grade)
- Students entering Grade 6 must have recent Medical Examination Form completed by a physician and up-to-date Immunization Certificate with Hepatitis A vaccine.



REGISTRATION FORM
FAMILY/PARENT INFORMATION

Parent/Guardian1:

Relationship: _____ Date _____
Last Name: _____ First Name _____
Middle Name: _____ Title _____ Suffix _____
Familiar Name _____ Marital Status _____
Address: _____
City/State/Zip _____
Birth Country _____
Occupation _____
Employer _____ e-mail _____
Religion _____ Membership _____

Phone Numbers:

Home _____ Work _____ Cell _____

Parent/Guardian2:

Relationship: _____
Last Name: _____ First Name _____
Middle Name: _____ Title _____ Suffix _____
Familiar Name _____ Marital Status _____
Address: _____
City/State/Zip _____
Birth Country _____
Occupation _____
Employer _____ e-mail _____
Religion _____ Membership _____

Phone Numbers:

Home _____ Work _____ Cell _____

Other Parent/Guardian (if applicable)

Relationship: _____
Last Name: _____ First Name _____
Middle Name: _____ Title _____ Suffix _____
Familiar Name _____ Marital Status _____
Address: _____
City/State/Zip _____
Birth Country _____
Occupation _____
Employer _____ e-mail _____
Religion _____ Membership _____

Phone Numbers:

Home _____ Work _____ Cell _____



REGISTRATION FORM
STUDENT INFORMATION

Last Name: _____ First Name _____
 Middle Name: _____ Familiar Name _____
 Proposed Grade Placement _____ School Year _____
 Name of Siblings _____ Social Security Number _____
 Gender _____ Birthplace _____ Birth Country _____ Race _____
 Date of Birth _____ Oldest or Only at this School
 Student Resides with _____ First Language Spoken _____
 Transportation _____ Language Most Often Spoken _____
 Custody (if applicable) Single Joint Comments: _____

Transfer Information

School _____ Address _____
 Entered _____ Withdrew _____
 Reason _____
 Currently on school medical/academic plan

Religion _____ Parish _____

Sacrament	Date	Church	City/State
Baptism			
1 st Communion			
1 st Reconciliation			
Confirmation			

Health Information

Physician _____ Phone _____ Hospital _____
 Dentist _____ Phone _____

Emergency Numbers to Call Other Than Parents (Authorized Pick-Up)

Name	Relationship	Home #	Work #	Cell #

Health History

Bee Allergies Asthma Chicken Pox Migraines Diabetes Convulsions
 Other _____
 Regular Medications _____
 Proof of Up to Date Immunization _____
 Emergency Permission to Treat at Hospital _____ Emergency Permission to Treat at School _____

For Office Use Only

Pre-Registration Fee Paid Records received Birth Certificate Verified
 Baptismal Certificate Verified Immunization Certificate Obtained
 Physical Exam Certificate Obtained Social Security Number