

**Pre Kindergarten Program  
St. Francis of Assisi School**

**INITIAL FORM NEEDED FOR APPLICATION**

- **Completed copy of St. Francis of Assisi Registration Form**
- **\$100 Registration Fee/per family (NON-REFUNDABLE)**

**MUST BE TURNED IN BEFORE THE FIRST DAY OF SCHOOL**

**Up-to-date Kentucky Immunization Certificate with Kentucky State Seal.  
Month, day, year it expires must be stated on the certificate and it must be  
signed by the physician. Certificate must have 2 doses of Hepatitis A.**

# St. Francis of Assisi Registration Form

## Family/Parent Data

### 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 \_\_\_\_\_



**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 \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Sacrament	Date	Church	City/State
Baptism			
1 <sup>st</sup> Communion			
1 <sup>st</sup> 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