

ST. CLETUS



St. Cletus Catholic School

3610 Claire Avenue
 Gretna, LA 70053
 (504) 366-3538
 Fax (504) 366-0011

Office Use Only

Grade Entering: _____
 Number in Family: _____
 Registration Paid
 _____ Y _____ N
 Y and O: _____

2019-2020 New Student

Student's First Name:	Middle Name:	Last Name:	Grade:
Home Phone:	Date of Birth:	Gender:	Age:
Mandatory Information <i>For grant and federal reporting purposes</i>	Race: _____ 01 – Hispanic/Latino of any race _____ 02 – American Indian _____ 03 – Asian _____ 04 – Black or African American _____ 05 – Nat. Hawaiian or Pacific Islander _____ 06 – White _____ 07 – Two or more races	Family Income Level _____ \$0 - \$ 25,000 _____ \$ 25,000 - \$ 50, 000 _____ \$ 50, 000 - \$ 75,000 _____ \$ 75,000 - \$ 100,000 _____ \$ 100, 000 - Over	
	Social Security Number:		
Catholic Church Parish:	Religion:	Primary Language Spoken at Home:	
Student Resides with: ___ Both ___ Joint ___ Mother ___ Father ___ Guardian ___ Other (note on back) (If a custody order affecting the child during the school day has been issued, the school must be provided with a certified copy of that document in order to act upon it.)			
Student Home Address		City	State and Zip

INFORMATION FOR Primary Contact for student: Relationship:

C1 First Name	M Initial	Last Name	Suffix
C1 Work Phone	C1 Cell Phone:	C1 E-Mail:	
C1 Place of Employment		C1 Occupation	
Is graduate of St. Cletus? _____ Y _____ N			

INFORMATION FOR Secondary Contact for student: Relationship

C2 First Name	M Initial	Last Name	Suffix
C2 Work Phone	C2 Cell Phone:	C2 E-Mail:	
C2 Place of Employment		C2 Occupation	
Is graduate of St. Cletus? _____ Y _____ N			

PARENT INFORMATION NOT LIVING WITH STUDENT (IF APPLICABLE)

Name:	Relationship to student:
Street Address	City, State Zip
Home Phone () -	E-Mail:
Work Phone () -	Cell Phone:
Place of Employment	P Occupation
Is parent a graduate of St. Cletus? _____ Y _____ N	

St. Cletus School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its policies.

Check if Appropriate

<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Father Remarried
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Please list siblings attending St. Cletus and next years grade level

Name	Grade	Name	Grade
Name	Grade	Name	Grade

School

Present School:	Grade:
Address:	Telephone #
Name of Principal or Counselor:	Fax #

Schools attended in the past 3 years:

School	Grade	Location	Dates Attended

Has your child ever been suspended, expelled or requested to voluntarily withdraw from any school? ____ Y ____ N

Please list the names and numbers of emergency contacts for your child(ren). Should the school be unable to contact the parent, permission is granted to contact the following to provide information regarding transportation for the child(ren).

Name	Telephone	Relationship

Health Insurance Company: _____

Hospital Preference: _____

ACKNOWLEDGEMENT

The undersigned, who represent that they are the parent(s) and/or legal guardian(s) of _____ presently seeking enrollment in St. Cletus School, acknowledge that this school does not provide special education services or facilities. The undersigned further acknowledge that St. St. Cletus, its principal, faculty and staff are only required to make minor adjustments in St. Cletus's education program to attempt to accommodate whatever special needs their child/students may have and that the nature and extent of such minor adjustments is within the sole discretion of the principal of St. Cletus. The undersigned further acknowledge that, should the principal of St. Cletus determine in his/her own discretion that minor adjustments in St. Cletus's education program have not resulted in satisfactory accommodation of the program to the special needs of their child and that it is in the best interest of both the school and the child that he/she be placed in a more appropriate learning environment, then the principal may ask the undersigned to withdraw their child/students from St. Cletus School and/or the child/student will be removed from rolls of the school and not allowed to re-enroll.

Parent/Guardian Date

Parent/Guardian Date

Student Name: _____ Grade _____

To help us determine how we can best be of service to your child, please complete the following questions:

1. Please choose the appropriate statement:

_____ Member of St. Cletus Parish for _____ (length of time).

_____ Member of _____ Parish for _____ (length of time).

_____ Our family is Non-Catholic.

2. Grade 3-8 only:

Date of First Communion: _____ at _____ in _____
Date Church City, State

3. Pre-K and Kindergarten only: Is your child toilet-trained? _____ Yes _____ No

Toilet Trained means that your child is able to care for their own physical and hygiene needs. After three solid accidents, your child may be asked to withdraw. Diapers and or Pull-ups are not allowed.

4. Does your child wear eyeglasses or contact lenses? _____ Yes _____ No

If yes, please provide details: _____

5. Is your child on regular medication? _____ Yes _____ No If yes, please explain, giving details regarding the nature of the medication, the dosage, side effects, and any other necessary information.

Medication Name	Dosage	Taken for	When taken

6. Other than regular checkups, is your child under regular doctor's care for physical or psychological issues?

_____ Yes _____ No If yes, please explain in detail: _____

7. Does your child have any other unique or special needs?

_____ Yes _____ No If yes, please explain in detail: _____

7. While St. Cletus does not offer any Special Education services, we do have an Individual Student Needs program that focuses on the needs of individual students within the regular classroom setting. When recommended by a professional, minor adjustments in the delivery of the academic program may be made at the discretion of the principal. For more information, please speak with the principal or counselor.

Has your child ever had a medical, psychological, or academic evaluation to address school performance?

_____ Yes _____ No If yes, a copy of that evaluation must be provided to the principal prior to the completion of the registration process. All evaluations are kept confidential and only information pertinent to a child's school performance will be shared with faculty and staff, as necessary.

8. The undersigned acknowledge that the school does not assume the role of health care provider in diagnosing or treating its students; nor does the personnel (includes principal, faculty, and staff) have experience, knowledge, or expertise in providing any emergency treatment that may be necessary for any students, including but not limited to – and by way of example only – any treatment for allergic or diabetic conditions. The school will take reasonable steps in a medical emergency to care for a student. In specific circumstances in which student needs to self-medicate or requires assistance with medication, the undersigned acknowledges that the school may be unable to accommodate the medical needs of this child/student. This matter should be discussed directly with the school principal. In certain circumstances in which the student needs to self medicate or needs other medical assistance, the undersigned acknowledges that this must be discussed with the school principal.

Parent Signature: _____ Date: _____

Parents understand that St. Cletus Catholic School is a Catholic ministry of the Catholic Church. Central to St. Cletus Catholic School's curricular goals and to the mission of the school is the teaching of religion. The Catholic faith is integrated into the physical, social, academic, and emotional development of the whole child. Likewise, religion is a required subject and is taught on a daily basis to all students regardless of religious affiliation. Students are required to participate fully in the religion component of the school.

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Release of Information

Date: _____

Present School: _____

Address: _____

City, State, Zip: _____

Student Name: _____

Date of Birth: _____ Grade: _____

Social Security Number: _____

Please forward the following school records for the above named student.

_____ Cumulative grade card – (including grades up to the date of withdrawal)

_____ Most recent report card

_____ Achievement test scores

_____ Health records

_____ Psycho-educational evaluations

Any other pertinent information that might assist us in giving the student helpful guidance will be appreciated.

Thank you in advance for your cooperation.

Sincerely,

Jill Grabert

Principal

I authorize _____ to release the records that are checked above to St. Cletus School.

Parent Signature: _____ Date: _____