

TODAY'S DATE: _____

NEW STUDENT REGISTRATION

SCHOOL YEAR: _____ GRADE ENTERING: _____ SIBLINGS ENROLLED: YES NO

CURRENT SCHOOL: _____ DISTRICT: _____

STUDENT INFORMATION (I)

LEGAL NAME: _____
Last First Middle

GENDER: Male Female DATE OF BIRTH: _____
mm/dd/yyyy

ETHNICITY: Asian/Pacific Is. African-American Latino Multi-Racial Native American
 White Other: _____

BIRTHPLACE: _____
City State Country

STUDENT HOME ADDRESS: _____
Street and Unit # (if applicable) City State ZIP

PARENT/GUARDIAN INFORMATION

PARENT/ LEGAL GUARDIAN #1

LEGAL NAME: _____
Last First Middle

RELATIONSHIP TO STUDENT: _____

ADDRESS: (if different from student)

Street and Unit # (if applicable) City State ZIP

Personal Cell Phone #:	Home Phone #
Personal email address:	Employer Name /Business Phone #

PARENT/LEGAL GUARDIAN #2

LEGAL NAME: _____
Last First Middle

RELATIONSHIP TO STUDENT: _____

ADDRESS: (if different from student)

Street and Unit # (if applicable) City State ZIP

Personal Cell Phone #:	Home Phone #
Personal email address:	Employer Name /Business Phone #

STUDENT INFORMATION (II)

RELIGION: _____ **PARISH (IF CATHOLIC):** _____

SACRAMENTS RECEIVED	DATE	CHURCH	CITY/STATE
Baptism			
First Reconciliation			
First Holy Communion			
Confirmation			

SPECIAL SERVICES: Has the student received any of the following services or supports? (Check all that apply)

- Individual Education Plan (IEP). 504 Individualized Accommodation Plan
- English as a Second Language or English Language Learner Services
- Behavior Intervention Plan

PRESCHOOL EXPERIENCE		KINDERGARTEN EXPERIENCE
<input type="checkbox"/> at CPS PreSchool/Head Start <input type="checkbox"/> at Non-CPS Head Start <input type="checkbox"/> at a Full Day, Full Year Child Care	<input type="checkbox"/> at a Part-time Private PreK <input type="checkbox"/> at a Family Child Care Home <input type="checkbox"/> at Home	<input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day

EMERGENCY CONTACTS (other than parent/guardians)

CONTACT #1: _____ **RELATION:** _____

PRIMARY PHONE: _____ **ALT PHONE:** _____

CONTACT #2: _____ **RELATION:** _____

PRIMARY PHONE: _____ **ALT PHONE:** _____

ANNUAL TUITION: \$5,500

\$25 REGISTRATION FEE (cash only) MUST BE ATTACHED: _____

Families may qualify for Ohio EdChoice or EdChoice Expansion Scholarships. Eligibility for either EdChoice program requires additional paperwork including income and/or address verification.

Resurrection School admits students of any sex, race, color, nationality and ethnic origin to all rights, privileges, programs and any activities generally accorded or made available to students at Resurrection School.