

St. Gregory School New Student Form 2015-2016

Applying for _____ Grade 2015-2016

Student's
Last Name _____ First _____ Gender: M ___ F ___ SS# _____

Date of Birth _____ Place of Birth _____
City/State _____ County _____

Full Name of family with whom child lives: _____

Religion of Child
Please check
Catholic _____
Other _____
_____ (specify)

Ethnicity
Is this student Hispanic/Latino Yes ___ No ___
Race
What is the student's race? Please check all that apply.
___ American Indian/Alaska Native _____ Asia
___ Black or African American _____ Haitian
___ Native Hawaiian or Other Pacific Islander _____ White

Are you aware of any psychological / educational / emotional concerns that would affect your child's academic success? Yes ___ No ___ If yes, please specify _____

Has your child been diagnosed with ADD/ADHD? Yes ___ No ___ **If yes, please provide documentation.**

Student currently attends _____ school.

Address of school student currently attends _____.

Student during 2014-2015 school year was in _____ grade.

Has this child **ever** attended CCD? _____ Yes _____ No

How many years? _____ Highest Grade **attended** in CCD:

Baptism _____
(Date) Name of Church (City) (State)

Communion _____
(Date) Name of Church (City) (State)

Confirmation _____
(Date) Name of Church (City) (State)

Please scan a copy of the following and email to mbehm@saintgreg.org:
Baptismal Certificate (even if Baptized at St. Gregory)
Communion Certificate (applying for grades 4-8)
Confirmation Certificate (if applicable)

* If student will receive a sacrament after Application Day, please provide the school office