



St. Charles Borromeo Catholic School

1006 Goodyear Blvd., Picayune, MS 39466
601-799-0860 ~ www.scborromeo.org/school

2012-2013 School Year

Please complete all information and return to the School Office

Applying for grade: K, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th				PreK-3 (5 day): Part or Full-time		PreK-4 (5 day): Part or Full-time	
Child's Full Name	First Middle Last (Jr. etc)			Preferred Name			
Age	Date of Birth	Gender	Place of Birth	City of Birth	Citizenship	Child's Social Security #	
Race: <input type="checkbox"/> A (black) <input type="checkbox"/> AI (American Indian/ Native Alaskan) <input type="checkbox"/> AS (Asian) <input type="checkbox"/> C (White) <input type="checkbox"/> EA (Eurasian) <input type="checkbox"/> Z (Multi Racial) <input type="checkbox"/> H (Hispanic) <input type="checkbox"/> HP (Native Hawaiian/ Pac. Islander)				Child's Religion	If Catholic, in which Parish do you attend Mass regularly?		Does the applicant have a sibling attending St. Charles Catholic School? Yes / No
Baptized? Yes / No	If Baptized, which church? City, State		First Communion? Yes / No	Which church? City, State			

Father's Full Name	Mr. / Dr. Other	First	Middle	Last	Home #		
Street Address				E-mail		Cell Phone #	
City		State	Zip	County	Religion	Work #	
Occupation			Employer's Name		Employer's City and State		

Mother's Full Name	Mrs. / Ms. Dr. / Other	First	Middle	Last	Home #		
Street Address				E-mail		Cell Phone #	
City		State	Zip	County	Religion	Work #	
Occupation			Employer's Name		Employer's City and State		

Parents are: Married / Separated / Divorced	Applicant lives with: Both / Mother / Father If other please specify:	If divorced, who has legal custody? Mother / Father / Joint / If other please specify:	If divorced: Father Remarried: yes / no Mother remarried: yes / no
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Legal Guardian (If different from parents)	Mr. / Mrs. Ms. / Other	First	Middle	Last	Relationship to student	Do you have custody? yes / no	
Street Address				E-mail		Home #	
City		State	Zip	County	Religion	Cell Phone #	
Occupation			Employer's Name		Employer's City and State		Work #

Person(s) financially responsible for the Applicant (if other than parents):				Relationship to Student:		Home #	
Street Address				City	State	Zip	County
						Work #	

For Office Use Only

Registration Fee: _____
 Amount Check #/ Cash Date Received Received By

Book & Technology Fee: _____
 Amount Check #/ Cash Date Received Received By

Over --->

Past School Record

Name of School		Full Address	
Phone #	Grade(s) attended	Reason left	
Has your child ever been expelled from any school?	Yes No	Suspended from school?	Yes No

Information for Emergency or Medical Care

Please list any allergies or medical problems (food, asthma, diabetes, heart trouble, epilepsy, etc.)

Please describe any special health or learning needs of your child:

Emergency contact #1 (in case parents or guardians cannot be reached)	Home #	Work #	Cell phone #
Relationship to student:	Employer:		
Emergency contact #2 (in case parents or guardians cannot be reached)	Home #	Work #	Cell phone #
Relationship to student:	Employer:		

Student's Physician Name:	Telephone #	Street Address	City	State
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Persons permitted to check students out of school:

Please list any special instructions regarding custody or visitation:

Why do you want to send your child to St. Charles Borromeo Catholic School?

How did you find out about St. Charles Catholic School?

Please list any church or school ministries in which you serve.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Checklist (for office use only)

Birth Certificate: _____ Social Security # _____ MS 121 shot record _____

Baptismal Certificate _____ First Communion Certificate _____ Last Report Card (if transferring) _____