

WORD OF GOD CATHOLIC SCHOOL REGISTRATION  
MY CHILD WILL BE ATTENDING THE FOLLOWING GRADE:

Pre 3 AM _____	Pre 4 Am _____	KDG Am _____	
Pre 3 Pm _____	Pre 4 PM _____	KDG FD _____	
Grade 1 _____	Grade 3 _____	Grade 5 _____	Grade 7 _____
Grade 2 _____	Grade 4 _____	Grade 6 _____	Grade 8 _____

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APPLICANT INFORMATION

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Last Name	First Name	Middle Name
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Address	City	State	Zip
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Date of birth \_\_\_\_\_ Place \_\_\_\_\_ Cert. # \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ SS \_\_\_\_\_

**ETHNIC ORIGIN:** Caucasian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_  
American Indian \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Religion: \_\_\_\_\_

School Now Attending: \_\_\_\_\_

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Address	City	State	Zip
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Family Information:

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Mother's Full Name	Father's Full Name
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Address	Address
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Home #	Work #	Home#	Work #
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Occupation	Occupation
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Other Emergency Number	Other Emergency Number
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Are Parents Separated Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, whom does the student live with \_\_\_\_\_

Who has financial Responsibility? \_\_\_\_\_

Do you have any present or past affiliation with the Word of God/St. Anselm School. If so please specify: \_\_\_\_\_

Religious Affiliation: Catholic \_\_\_\_\_ Baptist \_\_\_\_\_ Lutheran \_\_\_\_\_ Methodist \_\_\_\_\_  
Other: \_\_\_\_\_

Church family presently attends: \_\_\_\_\_

Date of Parish Registration: \_\_\_\_\_ Envelope # = \_\_\_\_\_

	Place	Location	Date
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
Holy Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Please return this completed application form with a copy of your child's birth certificate, baptismal certificate and a \$75.00 non-refundable registration fee (\$25.00 for each additional child) payable to Word of God Catholic School. If entering from a Parish without a school, please have a signed Pastor's Verification.

If transferring from another school, please request that an academic transcript, including latest achievement scores, to be sent to Word of God Catholic School before registration is completed. IMMUNIZATION RECORDS ARE MANDATORY FOR REGISTRATION TO BE CONSIDERED COMPLETE.

\_\_\_\_\_  
Signature Date

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Additions to Registration Form:

Has your child been part of Dart? Yes \_\_\_\_\_ No \_\_\_\_\_

What services has he/she been receiving? \_\_\_\_\_

Has he/she been given any type of Educational tests (i.e, Psychological)

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, may I have a copy?

  
Sister Mary Victor Powers, S.C., Principal

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Office Use Only

\_\_\_\_\_ Birth Certificate      \_\_\_\_\_ Baptism      \_\_\_\_\_ Immunization  
\_\_\_\_\_ Pastor Verification      \_\_\_\_\_ Registration Fee      \_\_\_\_\_ Parish Affiliation