



St. Isidore Catholic School

Registration

2010-2011

STUDENT INFORMATION – ALL INFORMATION IS FOR **'10-'11** SCHOOL YEAR
(Please list oldest to youngest child, print clearly)

'10-11 Grade	Student's Name	Date of Birth
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'10-11 Grade	Student's Name	Date of Birth

PARENT INFORMATION Please Print Clearly

<input type="checkbox"/> Father <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Guardian
Name, Last	Name, Last
First	First
Address	Address (if different)
City, State, Zip	City, State, Zip
Home Phone ()	Home Phone ()
Mobile Phone ()	Mobile Phone ()
E-mail Address	E-mail Address
E-mail Address cont.	E-mail Address cont.
Religion	Religion

200 Clark Avenue, Yuba City, CA. 95991 office 530-673-2217 fax 530-673-3673

<http://www.stisidore-yubacity.org/isidoreschool.html>

PARISH INFORMATION

REGISTRATION STATUS: <input type="checkbox"/> Parishioner: Envelope # _____ <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Non-Parishioner: Parish of residency _____
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CHILD'S ETHNIC BACKGROUND

_____ Black	_____ Caucasian	_____ Hispanic	_____ Asian
_____ Native American	_____ Mixed Ethnicity	_____ Other	

SPECIAL SERVICES

Has child ever received resource services? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please specify:
<input type="checkbox"/> RSP <input type="checkbox"/> Title 1 <input type="checkbox"/> Speech & Language <input type="checkbox"/> ESL or Bilingual
<input type="checkbox"/> SDC (Special Day Class)
Does your child have a current IEP (Individualized Educational Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No

* The school provides student addresses in the form of a class list. Unless indicated your address will be included.

_____ I do not wish to have my address published. I understand that my child may not receive birthday invitations, as passing them out at school is not allowed.

_____ I do not wish my child's photograph to be used in any form as advertising for the school.

_____ I am requesting financial aid support.

Please print name of person enrolling student

Relationship to student(s)

Signature of above person

Date