

Application for Registration 2021-2022

St. Boniface/St. Leo Parish Member: Yes No
 Member of another Catholic Parish Yes No
 Name of Parish _____

Race: Asian/Pacific Islander
 Black, Non-Hispanic
 Hispanic
 American Indian/Alaskan Native
 White, Non-Hispanic
 Multi-Racial

Today's Date: _____

Student is now attending: _____

Current Grade: _____ Grade entering 2021-2022: _____

Name of Student: _____
 (first) (middle) (last)

Address: _____ Apt. # _____ Zip: _____ Parent Phone#: _____
 Parent Cell #: _____

Child's Place of Birth: _____ Date of Birth: _____ / _____ / _____
 City State County Mo Day Yr

Child's Social Security Number: _____ Gender: Male Female

What is the student's first language? (i.e. native language) _____

What language does this student most frequently speak? _____

What language is most often spoken by adults at home? _____

	Name	Address	City	State	Zip	Home Phone
Father:						
Mother:						
Stepparent:						
Guardian:						

Circle One:

Family Status of Parents: Married Single Divorced

Student is living with: _____ Relationship: _____

Email Address: _____ Preferred Phone #: _____

Note: If child is living with one biological parent, any court orders regarding the rights/limitations of the noncustodial parent must be on file in the school office.

	Birthplace	Occupation	Employer	Business Phone
Father's				
Mother's				

Names of Other Children in the Family	Birth date	Living at Home (Yes/No)

Religion (Optional): Mother: _____ Father: _____

STUDENT'S CATHOLIC SACRAMENTS IF APPLICABLE:

	Baptism	Reconciliation	First Communion	Confirmation
Date:				
Church:				
City/State:				

Must provide a child's birth certificate, child's social security card, copy of parent's state ID/Driver's License and address verification, such as a current utility bill or recently dated lease.

ST. BONIFACE SCHOOL
4305 PITTS AVENUE • CINCINNATI, OHIO 45223
Phone (513) 541-5122 • Fax (513) 541-3939

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

(This form authorizes transfer of all school records as defined by P.L. 93-380 and any amendments thereto.)

The student(s) listed below are applying for enrollment in St. Boniface School. Please send a copy of the following:

- | | |
|--------------------------------------|---|
| 1) Transcript of subjects and grades | 6) Health and immunization records |
| 2) Attendance record | 7) Ohio Proficiency Test results |
| 3) Behavior/Conduct record | 8) Standardized test results |
| 4) Birth Certificate | 9) IEP and Special Education records, if applicable |
| 5) Social Security Card | 10) Psychological or other individual test results |

Name

Grade in 2020-2021

I, _____, (Parent/Guardian) of the above-named student(s),
do hereby give my permission for _____
(name of current school)
to release all pertinent records to St. Boniface School.

Parent/Guardian Signature

Date: _____

To the Registrar:

Please send the above records, if available, as soon as possible via email to egalbraith@stbonifaceschool.net. If you are unable to send the records, please return our request indicating the reason below:

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student(s). Thank you in advance for your prompt cooperation.