



**SAINT DOMINIC SCHOOL**  
Truth - Values

**REGISTRATION FORM**

**Please fill all information requested. Thank you.**

Date: \_\_\_\_\_ Registration for School Year 20\_\_\_\_-20\_\_\_\_. Quarter: \_\_\_\_\_

Student's name as it appears in the birth certificate:

\_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_ . Grade (to be enrolled): \_\_\_\_\_ .

**NEW ENROLLMENT.**

Former school: \_\_\_\_\_

Last grade enrolled in former school: \_\_\_\_\_.

Ohter former schools and grades enrolled, since preschool:

\_\_\_\_\_

Reason for changing school: \_\_\_\_\_

Difficulties shown in the past in relation to the academic and personal development:

\_\_\_\_\_

\_\_\_\_\_

Doctors, psychologists, or other specialists who given support to the student in the past:

\_\_\_\_\_

**INFORMATION ABOUT PARENTS OR TUTORS.**

Father's name: \_\_\_\_\_

ID: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of work: \_\_\_\_\_

Phones. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cel.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Do you check mail daily? Yes \_\_\_\_\_ No \_\_\_\_\_**

Mother's name: \_\_\_\_\_

ID: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of work: \_\_\_\_\_

Phones. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cel.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Do you check mail daily?** Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER INFORMATION.**

The student lives with: Both parents \_\_\_\_\_ . Father \_\_\_\_\_ . Mother \_\_\_\_\_

Others: (name and relation to the student) \_\_\_\_\_

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

For non-catholic students:

-Will the student take the Faith Education class? Yes \_\_\_\_\_ No \_\_\_\_\_

-Will the student participate in the school's religious celebrations? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of Emergency, the School can contact:

Name: \_\_\_\_\_

Phones: \_\_\_\_\_

Doctor\*: \_\_\_\_\_

Doctor's phone numbers\*: \_\_\_\_\_

\*This information will be used only in case of emergency. Please, read the section "Note for Parents" in the Health Form.

Person to contact for academic issues: (name and relation to the student):

\_\_\_\_\_

Person to contact for financial issues: (name and relation to the student):

\_\_\_\_\_

Name of the person who provides this information: \_\_\_\_\_

Relation to the student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

