

All students are required to participate in religion class and any other specified religious activities or services.
Any information on this form which is later found to be erroneous could be cause for nullification of registration or immediate dismissal of student.

Children entering kindergarten must be five years of age by September 1 of this year. Children entering first grade must be six years of age by September 1 of this year. Proof of age must be presented at time of application, and it will be subject to verification.
All new students must present previous report card or records and present birth or baptismal record for proof of age.

It is also our right and duty to decline the application of students who do not meet our standards of achievement and behavior. Ground for expulsion include, but are not limited to, possession or use of alcohol, drugs, weapons, or other serious misconduct.
Every Catholic elementary and secondary school in the school system of the Diocese of Birmingham admits students without regard to sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the schools. Schools do not discriminate on the basis of sex, race, color, national and ethnic origin in its employment practices, administration of educational policies, admission and treatment of students, scholarships and loan program, and athletic and other school administered programs.

Application for registration implies good will on the part of parents in complying with the philosophy and regulations of Catholic Schools, Diocese of Birmingham, Alabama (see Handbook of Policies).

DIocese of Birmingham in Alabama POLICIES OF THE CATHOLIC SCHOOLS

Are you a registered, active and supporting member? Father: YES _____ NO _____ Mother: YES _____ NO _____

Area Parish Attending _____
CATHOLIC FAMILIES ONLY (Information necessary in order to qualify for Parochial Tuition Rate)

Name of Medication _____ Dosage _____ Times Given _____
* Is your child on any Medications? YES _____ NO _____ If yes, please list name, dosage and times given:

Will you release a copy of the evaluation? YES _____ NO _____

Place _____ Date _____

* Has your child ever been tested for Learning Disabilities? YES _____ NO _____ or Behavior Problem? YES _____ NO _____

* Are there any situations or pertinent information which we should know in order to further understand your child? eg. custodial right, visitation rights, child has been/is in counseling, etc. _____

please explain _____
* Does your child have any health problems - Physical/Emotional? eg. Diabetic, Hyper-active, etc. YES _____ NO _____ If yes, _____

Person Responsible for Tuition Payments _____

Last Name of Guardian or Custodian _____ First Name _____ Middle Initial _____ Telephone _____

Child Living With, If Not Parents, Please Fill In: _____

Stepparents Name _____

Status of Parents: Married _____ Separated _____ Divorced _____ Deceased _____ Returned _____