



ST. KILIAN SCHOOL

New Student Registration Form

Student Name: _____
Last First Middle

_____ Address City Zip

Entering Grade: _____ School Year: _____ Gender: Male Female

Date of Birth: _____ Place of Birth: _____
Ex. 07/15/2008 City State

Ethnicity: _____ White _____ Black _____ Hispanic _____ Native Hawaiian/Pacific Islander
_____ Asian _____ American Indian/Alaskan Native _____ Multi-Racial

Last School Attended: _____

Address: _____

City and State: _____ Zip: _____

Name of Public School District (K-8) that your child resides in: _____

Will your child need bus transportation? _____ (Busing is available for free to students who reside outside of two miles from the school.)

Sacramental Information

Religion: _____

Name of Current Parish: _____

Baptized: _____
Month/Year Church City/State

First Eucharist: _____
Month/Year Church City/State

I understand the enrollment policy of St. Kilian School: All new students are on probation for the first quarter of the school term. After parent/school consultation, should the principal decide that the student's learning behavior needs cannot be met in the school's current program, he/she will ask the parent to transfer the student to another school.

As a condition of my child's enrollment at St. Kilian School, I hereby agree to abide by the terms set forth in the tuition and fees schedule unless alternative arrangements have been made with the Director of Administrative Services.

Parent Signature _____ Date _____

