

ST. KILIAN SCHOOL
New Student Registration Form

Student Name: _____
Last First Middle

_____ Address City Zip

Entering Grade _____ School Year _____ Male _____ Female _____

Date of Birth _____ Place of Birth _____
Month Day Year City State

Ethnic Data: _____ White _____ Black _____ Hispanic
_____ Asian/Pacific Islander _____ American Indian/Alaskan Native

Last School Attended _____

Address _____

City and State _____ Zip _____

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

If your child is eligible for bus transportation, will he/she need it? _____
Yes/No

E-mail address _____

Sacramental Information

Religion _____

Parish Currently Registered In _____

Baptized _____
Month/Year Church City/State

First Eucharist _____
Month/Year Church City/State

First Reconciliation _____
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 in 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** _____

4K Half Day Session Preferred: M/W/F or T/TH 5K – Half Day

For Office Use:
Date Received _____ Registration Deposit _____ August Payment _____ Birth Certificate _____ Immunization Form _____

-OVER-

