



# ABERDEEN CATHOLIC SCHOOL SYSTEM

1400 North Dakota Street

Aberdeen, SD 57401

## INFORMATION/REGISTRATION FORM

PLEASE PRINT

The information provided on this form will help us get to know your child better. Upon final enrollment, you will be asked for additional information.

### STUDENT INFORMATION

CHILD'S NAME \_\_\_\_\_    
LAST NAME FIRST NAME MIDDLE NAME M F

CHILD'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ STUDENT'S RELIGION: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_  
(CITY) (STATE) (COUNTY) (ZIP)

ENTERING DATE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_ CURRENT GRADE (if in school) \_\_\_\_\_

PARENT'S MARITAL STATUS: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single Parent \_\_\_\_\_

WITH WHOM DOES THE CHILD LIVE? BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER GUARDIAN \_\_\_\_\_

NAME of OTHER GUARDIAN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

LEGAL RESTRICTIONS: YES  NO  IF YES, PLEASE NOTE BELOW AND ATTACH COURT ORDER:

FATHER'S NAME (required) \_\_\_\_\_ MOTHER'S NAME (required) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

RELIGION \_\_\_\_\_ RELIGION \_\_\_\_\_

Do child and family attend church on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

NAME OF CHURCH/PARISH WHERE REGISTERED: \_\_\_\_\_

In case of emergency, please tell us who to notify if you cannot be reached:

\_\_\_\_\_  
FIRST AND LAST NAME RELATIONSHIP PHONE

\_\_\_\_\_  
FIRST AND LAST NAME RELATIONSHIP PHONE

**DEMOGRAPHICS**

**WHAT IS THE LANGUAGE MOST FREQUENTLY SPOKEN AT HOME?** \_\_\_\_\_

**Answer BOTH questions.**

1. IS THIS STUDENT (OR ARE YOU) HISPANIC OR LATINO? (CHOOSE ONLY ONE).

\_\_\_\_\_ NO, NOT HISPANIC OR LATINO.

\_\_\_\_\_ YES, HISPANIC OR LATINO (A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, SOUTH OR CENTRAL AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE).

2. WHAT IS THE STUDENT'S (OR YOUR) RACE? (*Regardless of how you answered the first question, choose one or more*).

\_\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE (A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA, INCLUDING CENTRAL AMERICA, AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT

\_\_\_\_\_ ASIAN (A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT INCLUDING, FOR EXAMPLE, CAMBODIAN, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND, AND VIETNAM).

\_\_\_\_\_ BLACK OR AFRICAN AMERICAN (A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA).

\_\_\_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS).

\_\_\_\_\_ WHITE (A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AFRICA).

**MEDICAL INFORMATION**

Does your child have any allergies? If so, please explain what allergy is and give special instructions for care; provide yearly updates.

Specify Allergy (ies)	Severity	Reaction	Care/Meds

Is your child receiving medication? If so, please provide and update school yearly with current medications.

Medicine Name	Dosage	How Often	For What

**STUDENT/SCHOOL HISTORY**

**IF YOUR CHILD IS CURRENTLY ATTENDING ANOTHER SCHOOL, PLEASE COMPLETE THE FOLLOWING SECTION. BEGINNING WITH THE CURRENT SCHOOL, PLEASE LIST ALL SCHOOLS THE STUDENT HAS ATTENDED: (If more room is needed, please attach list.)**

SCHOOL NAME	ADDRESS	CITY	STATE
GRADES ATTENDED	REASON FOR LEAVING		
SCHOOL NAME	ADDRESS	CITY	STATE
GRADES ATTENDED	REASON FOR LEAVING		

**STUDENT/SCHOOL HISTORY**

**HAS YOUR CHILD EVER BEEN TESTED FOR ANY OF THE FOLLOWING?**

LEARNING DISABILITIES YES \_\_\_ NO \_\_\_ PLACE/DATE \_\_\_\_\_

SPEECH/LANGUAGE DISABILITIES YES \_\_\_ NO \_\_\_ PLACE/DATE \_\_\_\_\_

ATTENTION DEFICIT DISORDER YES \_\_\_ NO \_\_\_ PLACE/DATE \_\_\_\_\_

HYPERACTIVITY YES \_\_\_ NO \_\_\_ PLACE/DATE \_\_\_\_\_

GIFTED/ENRICHMENT YES \_\_\_ NO \_\_\_ PLACE/DATE \_\_\_\_\_

**ARE THERE ANY SITUATIONS OR PERTINENT INFORMATION WHICH WE SHOULD KNOW IN ORDER TO FURTHER UNDERSTAND YOUR CHILD OR THEIR PROGRESS IN SCHOOL?**

\_\_\_\_\_  
 \_\_\_\_\_

**WHAT DO YOU CONSIDER TO BE YOUR CHILD'S STRENGTHS/CHALLENGES?**

\_\_\_\_\_  
 \_\_\_\_\_

**WHY HAVE YOU CHOSEN TO ENROLL YOUR CHILD AT RONCALLI?**

\_\_\_\_\_  
 \_\_\_\_\_

**SACRAMENT INFORMATION**

Date

Church

City, State, Zip

**Baptism:** \_\_\_\_\_

Please attach a certificate copy if your child was baptized somewhere other than Sacred Heart or St. Mary's in Aberdeen, SD

**First Communion:** \_\_\_\_\_

**First Penance:** \_\_\_\_\_

**Confirmation:** \_\_\_\_\_

**PARENT/FAMILY INFORMATION**

**LIST CHILDREN WHO CURRENTLY ATTEND THE ABERDEEN CATHOLIC SCHOOLS:**

NAME	CURRENT GRADE
_____	_____
_____	_____
_____	_____

**HOW DID YOU HEAR ABOUT THE ABERDEEN CATHOLIC SCHOOL SYSTEM? CIRCLE ALL THAT APPLY:**

FRIEND CHURCH BULLETIN NEWSPAPER TV/RADIO WEB SITE OTHER: \_\_\_\_\_

**NAME OF RONCALLI REFERRING PARENT:** \_\_\_\_\_

**PARENT(S) ATTENDED RONCALLI** \_\_\_\_\_ / \_\_\_\_\_

FATHER

MOTHER'S MAIDEN NAME

**YEAR GRADUATED** \_\_\_\_\_ / \_\_\_\_\_ **IF NOT GRADUATED, YEAR WITHDREW FROM RONCALLI** \_\_\_\_\_ / \_\_\_\_\_

FATHER MOTHER

FATHER MOTHER

-----Registration will be completed when the following have been received at school-----

- CHILD'S CERTIFIED BIRTH CERTIFICATE
- CERTIFICATE OF IMMUNIZATION
- BAPTISM RECORD
- \$50 REGISTRATION FEE (ONE TIME ONLY, NONREFUNDABLE)

**By signing below, I certify that the information provided is true and accurate to the best of my knowledge.**

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

**Please return this completed registration form and fee to:**

**Aberdeen Catholic School System  
1400 N Dakota Street  
Aberdeen, SD 57401  
(605) 226-2100**