



St. Fabian Catholic School
New Student Application 2018-19

COMPLETE A SEPARATE REGISTRATION FORM FOR EACH STUDENT -

PLEASE PRINT CLEARLY

GRADE STUDENT IS ENTERING: 3 yr Preschool: [] 4 yr Preschool Half Day: [] 4 yr Preschool Full Day: []

K [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8 []

DATE OF REGISTRATION: _____

STUDENT LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

SEX: M / F DATE OF BIRTH _____ LANGUAGE SPOKEN IN HOME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ YOUR PUBLIC SCHOOL DISTRICT _____

RELIGION _____ PARISH WHERE YOU ARE REGISTERED _____

BAPTISM DATE/CHURCH _____ FIRST COMMUNION DATE/CHURCH _____

CONFIRMATION DATE/CHURCH _____

If Registering for Kindergarten, please list any/all preschool experience:

ETHNICITY: AFRICAN AMERICAN [] AMERICAN INDIAN [] ASIAN [] CHALDEAN []
HISPANIC [] PACIFIC ISLANDER [] WHITE [] MULTI-RACIAL []

LIST OTHER STUDENTS (NAME AND GRADE) ATTENDING ST. FABIAN CATHOLIC SCHOOL:

_____/_____/_____

DOCUMENTATION REQUIRED FOR ALL NEW STUDENTS:

- Birth Certificate -Baptism Certificate -Health Appraisal -Immunization Records -Tuition Contract
-Concussion Awareness Acknowledgement -Vision Screening (K only)

ADDITIONAL DOCUMENTATION REQUIRED FOR APPLICANTS TO GRADES 1-8:

- Previous Two Years Report Cards -Previous Standardized Test Scores -Request for Records

(SEE REVERSE)

