

2023-2024 ASSUMPTION SCHOOL ENROLLMENT INFORMATION

Student Name \_\_\_\_\_

Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Alternate Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_ Gender: ☐ Male ☐ Female

FAMILY/LEGAL GUARDIAN INFORMATION

	Biological Father	Biological Mother	Step-Parent	Guardian/Foster
Last Name		Maiden _____		
First Name				
Middle Name				
Occupation				
Employer & Employer Phone				
Home Address				
Phone				
Email Address				

Birthplace \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Student lives with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Both Parents \_\_\_\_\_ Other/Relationship \_\_\_\_\_

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Current Church \_\_\_\_\_

Names and DOB of siblings (oldest first) \_\_\_\_\_

Name & Address of Last School Attended \_\_\_\_\_ Grade Entering \_\_\_\_\_

Is English this student's primary language? ☐ Yes ☐ No If no, please indicate primary language: \_\_\_\_\_

**Ethnicity and Race: Is this student Hispanic/Latino?** ☐ Yes ☐ No  
(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race)

**What is this student's race?** (Check all that apply)

- ☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander  
☐ Asian  
☐ White  
☐ Black or African American

**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, Cambodia, 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:** 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.

Does your child require any special needs or learning services? ☐ Yes ☐ No ☐ Special Education ☐ 504 Plan ☐ IEP

If yes, please explain \_\_\_\_\_

In which school district are you a resident? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

*Legal birth certificates are required of all students entering the Assumption School.*

Name of Assumption family who referred you to attend Assumption School grades K-6 (if applicable) \_\_\_\_\_