Resurrection Ascension Catholic Academy Registration Form

Child's Name (first, middle, las	st)			
Date of Birth	Country/State of Birth			
Male or Female (circle one) La	anguages spoken at home			
Address:	City	Zip		
Home Phone Number	Cell Phone Nui	mber		
Email Address:	Gı	rade in Sept.:		
Mother's Name (first and last)				
Mother's Birthplace	Mother's i	Religion		
Father's Name (first and last)				
Father's Birthplace	Father's R	eligion		
School Presently Attending:				
Address:				
Does your child have an IEP?	? (circle one) Yes or No			
Does your child receive Early	Intervention Services? (circle	one) Yes or No		
Do you want or need Metroca	ard or Yellow Bus? (if yes, circle	which one)		
Is your child baptized? (circle Church of Baptism:	e one) Yes or No			
Location:		e:		
FOR OFFICE USE ONLY				
	Date:			
Birth Cert: Baptisma	al Cert: SS: I	mmunization:		
Report Card:	Standardized Tests:	IEP:		

Resurrection Ascension Catholic Academy Tuition Card

Child #1:					
Name (first and last):		G	rade in Sept:		
Child #2:					
Name (first and last):		Gi	rade in Sept:		
Child #3:					
Name (first and last):	Grade in Sept:				
Address:	City		Zip		
Home Phone Number		Cell Phone Number			
Email Address:					
Mother's Name (first and last) _ Father's Name (first and last) _ Parents' Marital Status: (circl	e one) Single				
Person Responsible for Paym					
Name				_	
Address:	City	Zip			
Home Phone Number		Cell Phone Nur	mber		
Email Address:		Relationship to Child			
Parish Information					
Catholic—registered paris	shioner of Resurre	ection Ascension	า		
Catholic—registered paris	shioner of	· · · · · · · · · · · · · · · · · · ·			
Non Active Catholic—not	a registered mem	nber of a parish			
Non Catholic Relig	gion				