NEW STUDENT REGISTRATION FORM

STUDENT INFORMATION

SCHOOL YEAR 2010-2011  GRADE ENTERING (Please check one) □ PK □ K □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8

LAST NAME _____________________________  FIRST NAME ___________________________  MIDDLE NAME(S) _____________________________

NICK NAME __________________  GENDER □ M □ F  BIRTHDATE ___/___/____  AGE _____  PLACE OF BIRTH ______________________

SOCIAL SECURITY # _______________________________  HOME PHONE __________________________  CELLPHONE __________________________

HOME ADDRESS ___________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

ETHNICITY _________________________________________  (if blank choose from below)  LEGAL STATUS _________________________________  (if blank choose from below)

□ MULTI-RACIAL (if multi-racial please choose the ethnicities below that comprise the racial mix.)

□ Chamorro  □ Caucasian  □ Palauan
□ Filipino  □ African-American  □ Other(s) (Please specify)
□ Chinese  □ Hispanic  ________________
□ Japanese  □ Chuukese  ________________
□ Korean  □ Yapese  ________________
□ Vietnamese  □ Pohnpeian

CHILD LIVES WITH ______________________________________ (if blank choose from below)  TRANSPORTATION TO SCHOOL ____________________  (if blank choose from below)

□ Both Parents  □ Grandparents  □ Relatives (Please specify)
□ Father  □ Grandfather  ______________________
□ Mother  □ Grandmother  ______________________
□ Takes turns between  □ Uncle and Aunt  □ Other (Please specify)
□ Father and Mother  □ Uncle  ______________________
□ Guardian  □ Aunt

RELIGION □ Catholic  □ Christian, please specify denomination __________________________  □ Other (Please specify) __________________________

BAPTISM  FIRST HOLY COMMUNION

DATE ___/___/_____  DATE ___/___/_____  Brothers and Sisters presently enrolled at Santa Barbara

CHURCH ___________________________  CHURCH ___________________________  ______________________________________
PLACE ___________________________  PLACE ___________________________  ______________________________________

Is your child a registered parishioner of Santa Barbara Church? □ Yes □ No

If No, please identify Parish: ___________________________

© SANTA BARBARA CATHOLIC SCHOOL  NEW STUDENT REGISTRATION FORM
## Parent's Information - Mother

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name(S)</th>
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<table>
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<tr>
<th>Home Address</th>
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<table>
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<tr>
<th>Mailing Address</th>
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<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Mobile Phone</th>
<th>E-mail</th>
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- [ ] Employed  
- [ ] Self-Employed  
**Company Name**

<table>
<thead>
<tr>
<th>Work Address</th>
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<tr>
<th>Occupation</th>
<th>Work Phone</th>
<th>Social Security #</th>
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- [ ] Nationality  
- [ ] Alien Registration # (if applicable)

**Marital Status:**  
- [ ] Single  
- [ ] Married  
- [ ] Separated  
- [ ] Divorced  
- [ ] Widowed  
- [ ] If divorced, remarried?  
- [ ] Yes  
- [ ] No

**Santa Barbara Catholic School Graduate?**  
- [ ] Yes  
- [ ] No  
- If Yes, Year Graduated

## Parent's Information - Father

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name(S)</th>
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**Marital Status:**  
- [ ] Single  
- [ ] Married  
- [ ] Separated  
- [ ] Divorced  
- [ ] Widowed  
- [ ] If divorced, remarried?  
- [ ] Yes  
- [ ] No

**Santa Barbara Catholic School Graduate?**  
- [ ] Yes  
- [ ] No  
- If Yes, Year Graduated
GUARDIAN’S INFORMATION (if child is living with guardian)

LAST NAME ___________________________  FIRST NAME ___________________________  MIDDLE NAME(S) _____________________________

RELATION TO CHILD
☐ STEPMOTHER  ☐ STEPFATHER  ☐ AUNT  ☐ UNCLE  ☐ SISTER  ☐ BROTHER
☐ GRANDMOTHER  ☐ GRANDFATHER  ☐ Other, please specify _____________________________

MAILING ADDRESS ___________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

HOME PHONE __________________________  MOBILE PHONE __________________________  E-MAIL_____________________________________

☐ EMPLOYED  ☐ SELF-EMPLOYED  COMPANY NAME _____________________________________________

OCCUPATION __________________________  WORK PHONE __________________________  SOCIAL SECURITY # __________________________

NATIONALITY __________________________  ALIEN REGISTRATION # (if applicable) __________________________

MARITAL STATUS
☐ SINGLE  ☐ MARRIED  ☐ SEPARATED  ☐ DIVORCED  ☐ WIDOWED  IF DIVORCED, REMARRIED?
☐ YES  ☐ NO

SANTA BARBARA CATHOLIC SCHOOL GRADUATE?
☐ YES  ☐ NO  IF YES, YEAR GRADUATED __________________________

EMERGENCY CONTACT

In case of emergency, the school immediately contacts the parents. If parents are not available, please provide the information below for the name of the person(s) to contact should an emergency arise.

LAST NAME ___________________________  FIRST NAME ___________________________  MIDDLE NAME(S) _____________________________

RELATION TO CHILD
☐ STEPMOTHER  ☐ STEPFATHER  ☐ AUNT  ☐ UNCLE  ☐ SISTER  ☐ BROTHER
☐ GRANDMOTHER  ☐ GRANDFATHER  ☐ Other, please specify _____________________________

HOME PHONE __________________________  WORK PHONE __________________________  MOBILE PHONE __________________________

EMAIL ADDRESS _____________________________________

SIGNATURE OF PARENT OR GUARDIAN _______________________________________________  DATE _____________________________

LAST NAME ___________________________  FIRST NAME ___________________________  MIDDLE NAME(S) _____________________________

RELATION TO CHILD
☐ STEPMOTHER  ☐ STEPFATHER  ☐ AUNT  ☐ UNCLE  ☐ SISTER  ☐ BROTHER
☐ GRANDMOTHER  ☐ GRANDFATHER  ☐ Other, please specify _____________________________

HOME PHONE __________________________  WORK PHONE __________________________  MOBILE PHONE __________________________

EMAIL ADDRESS _____________________________________

SIGNATURE OF PARENT OR GUARDIAN _______________________________________________  DATE _____________________________
1. Do you have Internet access at home?

*Please check one:* ☐ YES ☐ NO

a. If YES, what kind of connection?

*Please check one:* ☐ Dial-up ☐ DSL ☐ Wireless ☐ Other __________________________

b. If NO, are you interested to visit the school's library to use RenWeb?

*Please check one:* ☐ YES ☐ NO

2. Are you familiar with RenWeb, an online school management software?

*Please check one:* ☐ YES ☐ NO

a. If YES, have you used it to check your child's progress, assignments, and quarter grades online?

*Please check one:* ☐ YES ☐ NO

i. Do you think that RenWeb is an adequate communication tool between you and your child's teacher?

*Please check one:* ☐ YES ☐ NO

ii. Do you need additional information on how to utilize RenWeb?

*Please check one:* ☐ YES ☐ NO

3. Do you permit your child to have an e-mail account?

*Please check one:* ☐ YES ☐ NO

a. If YES, please provide your child's primary email address _______________________________

   This e-mail address will be used for access to RenWeb.
SANTA BARBARA CATHOLIC SCHOOL
274-A West Santa Barbara Avenue, Dededo, Guam 96929  TEL 632-5578  FAX 632-1414
EMAIL  info@santabarbaraschool.org  WEBSITE  http://www.santabarbaraschool.org

STUDENT #_________  SCHOOL YEAR 2010-2011  GRADE (Please check one) ☐ PK ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

LAST NAME ___________________________  FIRST NAME ___________________________  MIDDLE NAME(S) ____________________________

FINANCIAL OBLIGATION

1. Please indicate the person responsible for the Financial Obligation of the child.

☐ PARENTS

☐ FATHER

☐ MOTHER

☐ If other, please complete the following:

LAST NAME ___________________________  FIRST NAME ___________________________  MIDDLE NAME(S) ____________________________

RELATION TO CHILD ☐ STEPMOTHER  ☐ STEPFATHER  ☐ AUNT  ☐ UNCLE  ☐ SISTER  ☐ BROTHER

☐ GRANDMOTHER  ☐ GRANDFATHER  ☐ Other, please specify ________________________________

HOME PHONE ________________________  WORK PHONE ________________________  MOBILE PHONE _______________________

MAILING ADDRESS __________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________

2. Choose a payment option below.

PAYMENT OPTION

☐ OPTION A: Annual Payment (due upon registration)

☐ OPTION B: Semi-Annual Payment
(1st half due upon registration, 2nd half due January 1, 2011)

☐ OPTION C: Ten-Month Payment Plan [due every 1st of the month]
(monthly payment starting on August 1, 2010 to May 1, 2011)
ENROLLMENT AGREEMENT

We __________________________________________ I __________________________________________

(please print name)                           Parent / Guardian of

(please print name)

and

_________________________________________                    _________________________________________
Signature of Parent  / Guardian                                              Signature of Parent  / Guardian

_________________________________________                          _________________________________________
Date

We understand that by signing this agreement for the current academic year, we hereby assume, warrant and guarantee payment of tuition and other fees on time. If tuition payment is not made by the 1st of the month, we understand that a late charge of $25.00 will be made.

We also agree on the following:

The student is temporarily enrolled until his/her permanent record is obtained. His/Her academic performance and behavior will be observed during the first quarter. In the event that the child needs special academic assistance which the school cannot provide, parents will be notified. The administration and the parents will confer to make the most appropriate decision.

We promise to pick up our child right after school, between 2:50 and 3:30 p.m. If our child is a member of any school activity, e.g. Honor Choir, Interscholastic sports, MathCounts, Stu-Co, and NJHS, we promise to pick him/her up after the activity, the time of which will be made known to us by our child or by the teacher adviser. In the event the student is not picked up on due time, and something happens to him/her inside or outside the school grounds, we understand that the school is held free from any liability.
MEDICAL CLEARANCE FORM FOR SCHOOL ADMISSION

STUDENT NAME ____________________________________________________ DATE __________________________________________

DATE OF BIRTH _________________________ AGE ____________ ETHNIC GROUP _________________________________

GRADE ENTERING (Please check one) □ PK □ K □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 SCHOOL YEAR______ - _______

HOME ADDRESS ____________________________________________________________

HOME PHONE __________________________  MOBILE PHONE __________________________  E-MAIL ____________________________________

FATHER’S NAME ____________________________________________ MOTHER’S NAME ____________________________________________

PART 1 PHYSICAL EXAMINATION

HEIGHT __________ WEIGHT __________ T-P-R _____/____/____

BLOOD PRESSURE _____________ VISION: RT __________ LT __________

HEARING: RT__________ LT __________

CHECK EACH LINE Normal Abnormal Not Examined Describe suspicious or abnormal findings

General Appearance
Skin, Hair, Nails
Eyes: External (pupils-cornea)
  optic fundus
  Muscle balance
Ears: External
  auditory acuity
  Tympanic membrane
  Tympanogram
Pure Tone
Nose, Mouth
Pharynx, Larynx
Speech
Teeth, Gums
Neck, Lymph Nodes
Thyroid
Cardiovascular
Respiratory
Gastrointestinal
Genito-Urinary
Musculo-Skeletal
Scoliosis Screening

PART 2 IMMUNIZATION RECORD

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DtaP1</td>
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<td></td>
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<tr>
<td>DTP,</td>
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<tr>
<td>DtaP5</td>
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</tbody>
</table>

Td (10 YR) / Tdap given Rcvd

□ Perfectly Healthy  □ Specific Problem(s) Noted  □ Handicapped

This child is physically fit to participate in physical education and/or athletic events and related activities. □ Yes  □ No

Name of Physician (PRINT) ____________________________________________ Signature ____________________________________________

Clinic _______________________________________________________________ Date ____________________________________________________

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MEDICAL INFORMATION

DOCTOR ___________________________________________ CLINIC ___________________________________________

ADDRESS __________________________________________________________________________________________________________________________________________________________________________

TELEPHONE #(S) __________________________ MOBILE PHONE ___________________________ E-MAIL ___________________________________________

IS YOUR CHILD ALLERGIC TO ANY MEDICATION? □ YES □ NO

IF YES, WHAT MEDICATION(S)? ________________________________________________________________________________

OTHER ALLERGIES? __________________________________________________________________________________________

IS THERE ANY PARTICULAR MEDICAL PROBLEM THAT THE SCHOOL NEEDS TO BE AWARE OF? □ YES □ NO

IF YES, PLEASE EXPLAIN THE MEDICAL PROBLEM BELOW:

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE GIVEN MEDICINE FOR THE FOLLOWING ITEMS BELOW:

<table>
<thead>
<tr>
<th>PROTOCOL</th>
<th>MEDICINE TO BE ADMINISTERED</th>
<th>CHECK ONE</th>
<th>PARENT / GUARDIAN SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUGH or SORE THROAT</td>
<td>Cough Drops / Lozenges</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>MENSTRUAL CRAMPS</td>
<td>Ibuprofen (Advil), Acetaminophen (Tylenol)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>EAR ACHIE, TOOTACHE, FEVER, HEADACHE</td>
<td>Acetaminophen (Tylenol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOUND CARE</td>
<td>Peroxide or Betadine (Iodine) / Over the Counter Ointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BURNS</td>
<td>Aloe Gel</td>
<td></td>
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</tbody>
</table>

IF NO, PLEASE GIVE THE TYPE OF ASPIRIN OR OTHER MEDICATION THAT IS GIVEN TO YOUR CHILD:

<table>
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</tr>
<tr>
<td>BURNS</td>
<td></td>
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<tr>
<td>OTHERS</td>
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</table>

MEDICAL COMMENTS: ______________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

SIGNATURE OF PARENT OR GUARDIAN ___________________________________________ DATE _____________________________

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MEDICAL CLEARANCE FORM