



# SANTA BARBARA CATHOLIC SCHOOL

274 W Santa Barbara Ave Ste A, Dededo, Guam 96929-5378 TEL 632-5578 FAX 632-1414  
EMAIL [info@santabarbaraschool.org](mailto:info@santabarbaraschool.org) WEBSITE <http://www.santabarbaraschool.org>

DO NOT WRITE HERE  
FOR ASSESSMENT  
PURPOSES ONLY

STUDENT # \_\_\_\_\_

- Birth Certificate
- Baptismal Certificate
- Transferee Report Card
- Medical / Physical Form
- Immunization Record
- RenWeb

Signed by \_\_\_\_\_  
School Secretary

## NEW STUDENT REGISTRATION FORM

### STUDENT INFORMATION

SCHOOL YEAR 2011-2012 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.)
- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Chamorro   | <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Palauan                         |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> African-American | <input type="checkbox"/> Other(s) (Please specify) _____ |
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Hispanic         | _____  |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Chuukese         | _____  |
| <input type="checkbox"/> Korean     | <input type="checkbox"/> Yapese           | _____  |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Pohnpeian        |  |

- U.S. Citizen
- Dependent of Non-Immigrant Worker / H4
- Other (Please specify) \_\_\_\_\_
- Resident Alien
- Alien Registration # \_\_\_\_\_

CHILD LIVES WITH \_\_\_\_\_ (if blank choose from below) TRANSPORTATION TO SCHOOL \_\_\_\_\_ (if blank choose from below)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Both Parents                             | <input type="checkbox"/> Grandparents   | <input type="checkbox"/> Relatives (Please specify) _____ |
| <input type="checkbox"/> Father                                   | <input type="checkbox"/> Grandfather    | _____   |
| <input type="checkbox"/> Mother                                   | <input type="checkbox"/> Grandmother    | _____   |
| <input type="checkbox"/> Takes turns between<br>Father and Mother | <input type="checkbox"/> Uncle and Aunt | <input type="checkbox"/> Other (Please specify) _____     |
| <input type="checkbox"/> Guardian                                 | <input type="checkbox"/> Uncle          | _____   |
|   | <input type="checkbox"/> Aunt           |   |

- Private Car
- Bus
- Car Pool

RELIGION  Catholic  Christian, please specify denomination \_\_\_\_\_  Other (Please specify) \_\_\_\_\_

**BAPTISM** DATE \_\_\_/\_\_\_/\_\_\_ CHURCH \_\_\_\_\_ PLACE \_\_\_\_\_

**FIRST HOLY COMMUNION** DATE \_\_\_/\_\_\_/\_\_\_ CHURCH \_\_\_\_\_ PLACE \_\_\_\_\_

**Brothers and Sisters presently enrolled at Santa Barbara**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If No, please identify Parish : \_\_\_\_\_

**PARENT'S INFORMATION - MOTHER**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
*(if different from above)*

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYED  SELF-EMPLOYED COMPANY NAME \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NATIONALITY \_\_\_\_\_ ETHNICITY \_\_\_\_\_ ALIEN REGISTRATION # *(if applicable)* \_\_\_\_\_

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

RELIGION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SANTA BARBARA CATHOLIC SCHOOL GRADUATE?  YES  NO IF YES, YEAR GRADUATED \_\_\_\_\_

**PARENT'S INFORMATION - FATHER**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
*(if different from above)*

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYED  SELF-EMPLOYED COMPANY NAME \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NATIONALITY \_\_\_\_\_ ETHNICITY \_\_\_\_\_ ALIEN REGISTRATION # *(if applicable)* \_\_\_\_\_

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

RELIGION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

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 \_\_\_\_\_ ETHNICITY \_\_\_\_\_ ALIEN REGISTRATION # (if applicable) \_\_\_\_\_

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

RELIGION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

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 \_\_\_\_\_



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## INTERNET / WEB SURVEY

### 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.



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SCHOOL YEAR 2011 - 2012

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 \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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, 2012)

**OPTION C: Ten-Month Payment Plan [due every 1<sup>st</sup> of the month]**  
(monthly payment starting on August 1, 2011 to May 1, 2012)



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## ENROLLMENT AGREEMENT

We \_\_\_\_\_  
(please print name)

I \_\_\_\_\_  
**Parent / Guardian of**  
(please print name)

and

\_\_\_\_\_  
**Parents / Guardians of**  
(please print name)

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

do hereby pledge our support and promise to fulfill out responsibilities and financial obligations to the school; agree to conform with the rules and regulations that are stipulated in the Parent-Student Handbook; shall endeavor to participate actively in the spiritual and special functions as manifested in the School Calendar of Events and other special announcements.

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.

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

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

\_\_\_\_\_  
**Date**



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## MEDICAL CLEARANCE FORM FOR SCHOOL ADMISSION

Note: Please submit on or before 1<sup>st</sup> day of school.

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

### PART 2: IMMUNIZATION RECORD

DTP, DTaP1 _____	TOPV, IPV, POLIO 1 _____	HEPA 1 _____	HEPB 1 _____	PREV NAR1 _____	HIB1 _____	MMR1 _____
DTP, DTaP2 _____	TOPV, IPV, POLIO 2 _____	HEPA 2 _____	HEPB 2 _____	PREV NAR2 _____	HIB2 _____	MMR2 _____
DTP, DTaP3 _____	TOPV, IPV, POLIO 3 _____	HEPA 3 _____	HEPB 3 _____	PREV NAR3 _____	HIB3 _____	
DTP, DTaP4 _____	TOPV, IPV, POLIO 4 _____		MCV4 _____	PREV NAR4 _____	HIB4 _____	VARI CELLA _____
DTP, DtaP5 _____			Td (10 YR) / Tdap _____	PPD given _____	Rcvd _____	

Please check one:  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 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:

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

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

PROTOCOL	MEDICINE TO BE ADMINISTERED
COUGH OR SORE THROAT	
MENSTRUAL CRAMPS	
EAR ACHE, TOOTACHE, FEVER, HEADACHE	
WOUND CARE	
BURNS	
OTHERS	

MEDICAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_