



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>

DO NOT WRITE HERE
FOR ASSESSMENT PURPOSES
ONLY

STUDENT # _____

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

Signed by _____
School Secretary

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.)
- | | | |
|-------------------------------------|---|--|
| <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
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	FIRST HOLY COMMUNION
DATE ___/___/___	DATE ___/___/___
CHURCH _____	CHURCH _____
PLACE _____	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 : _____



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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 _____ 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

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 _____ 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 _____



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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 _____



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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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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)



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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 1st 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 _____	

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:

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 _____