SANTA BARBARA CATHOLIC SCHOOL

Fully accredited by the Western Association of Schools and Colleges [WASC] and Western Catholic Educational Association [WCEA]
Member of National Catholic Educational Association [NCEA] Sisters of Mercy Education | Educating Mind, Heart, and Spirit
274 W Santa Barbara Ave Ste A, Dededo, Guam 96929-5378 TEL 632-5578 FAX 632-1414
EMAIL info@sbcs.edu.gu WEBSITE http://sbcs.edu.gu

DO NOT WRITE HERE

Date Enrolled _____

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

Signed by_____
School Secretary

STUDENT REGISTRATION FORM

☐ NEW ☐ OLD ☐ RETURNING ☐ TEMPORARY

STUDENT INFORMATION

SCHOOL YEAR_____ **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** _____

HOME PHONE_____ **MOBILE PHONE**_____ **E-MAIL ADDRESS** _____

HOME ADDRESS _____

ETHNICITY_____ *(if multi-racial 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
- ☐ Filipino
- ☐ Chinese
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Caucasian
- ☐ African-American
- ☐ Hispanic
- ☐ Chuukese
- ☐ Yapese
- ☐ Pohnpeian
- ☐ Palauan
- ☐ Other(s) *(Please specify)* _____

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

CHILD LIVES WITH

- ☐ Both Parents
- ☐ Father(only)
- ☐ Grandfather(only)
- ☐ Takes turns between Mother and Father
- ☐ Step-Mother
- ☐ Step-Father
- ☐ Guardian, please specify: _____
- ☐ Both Grandparents
- ☐ Mother(Only)
- ☐ Grandmother(only)
- ☐ Other Relatives (Please specify): _____
- ☐ Other (Please specify): _____

TRANSPORTATION TO SCHOOL

- ☐ Private Car
- ☐ Bus
- ☐ Car Pool

Authorized People for Pick Up (Name and Contact #)
_____
_____
_____

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** _____

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** _____

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** _____

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** _____

Committed Christians
Creative, Critical Thinkers
Effective Communicators
Responsible Members of the Community

Santa Barbara Catholic School
274-A W. Santa Barbara Ave., Dededo, GU 96929-5378 Tel: (671) 632-5578 Fax: (671) 632-1414
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Home Language Survey

Federal Law and Department of Education, Board of Education policy requires schools to determine the language(s) spoken at home by each student/child. This information is essential in order for schools to provide meaningful instruction for all students.
Your cooperation in helping us meet this important requirement is requested. Thank you for your assistance.

1. What language did your son/daughter speak when he or she first began to talk (about age 2-5)?	
2. What language does your son/daughter most frequently speak at home?	
3. What language does your son/daughter most frequently speak with friends?	
4. What language do you use most frequently to speak to your son/daughter?	
5. Name the language(s) most often spoken by the adults in your home?	

ENROLLMENT AGREEMENT

We _____
(please print name)

And

_____
Parents / Guardians of
(please print name)

I _____
Parent / Guardian of
(please print name)

_____
Student Name

We do hereby pledge our support and promise to fulfill our 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 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.

The school is hereby permitted to upload and post picture/videos in various electronic and printed mediums such as websites, social media, brochures, and newspapers

_____
Signature of Parent / Guardian

_____
Signature of Parent / Guardian

_____
Date

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FINANCIAL OBLIGATION FORM

☐ NEW ☐ OLD ☐ RETURNING ☐ TEMPORARY

FINANCIAL OBLIGATION

SCHOOL YEAR _____

Student Name _____ **Grade** ___

Primary Person/s Responsible for the financial obligation of the Child:

Name _____ **Relationship:** _____

Mailing Address: _____

Email Address: _____ **Mobile Phone:** _____

Home Phone: _____ **Work Phone:** _____

Secondary Person/s Responsible for the financial obligation of the Child:

Name _____ **Relationship:** _____

Mailing Address: _____

Email Address: _____ **Mobile Phone:** _____

Home Phone: _____ **Work Phone:** _____

1. 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 5th of current school year)

☐ **OPTION C: Ten-Month Payment Plan [due every 5th of the month]**
(monthly payment starting on August 1 to May 1 of current school year)

**See attached Credit Card Authorization if recurring monthly.*

MODE OF PAYMENT

☐ **Cash**
☐ **Check**
☐ **Credit Card***
☐ **Debit Card***

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 on or before the 5th of the month, we understand that a late charge of $75.00 will be collected.

We also understand that we are responsible for keeping all receipts for tax purposes, and upon request of full statement for the calendar/tax year, a $50.00 fee will be collected.

I hereby read and understand the rules & regulations as well as the financial obligations stated in student handbook.

_____ _____

Name *(Print & Sign)* **Date**

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MEDICAL CLEARANCE FORM FOR SCHOOL ADMISSION

Note: *Please submit on or before 1st day of school.*

☐ NEW ☐ OLD ☐ RETURNING ☐ TEMPORARY

STUDENT NAME _____ DATE _____

GRADE ENTERING *(Please check one)* PK ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ SCHOOL YEAR _____

DATE OF BIRTH _____ AGE _____ ETHNICITY _____

HOME ADDRESS _____

HOME PHONE _____ E-MAIL _____ PHYSICIAN'S NAME _____

FATHER'S NAME _____ CELLPHONE _____ PHYSICIAN'S PHONE NO. _____

MOTHER'S NAME _____ CELLPHONE _____ HOSPITAL/CLINIC _____

BEST NUMBER TO CALL FOR EMERGENCY _____

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: PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORD.

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 _____ Email address _____

Health Insurance _____ Policy No _____

PARENTAL / GUARDIAN CONSENT

I hereby give permission for the physician to examine my child so that he/she may obtain medical clearance to participate in athletic activities. Therefore, neither the examining physician nor the school is to be held liable for any abnormalities not detected in this examination. Permission is also granted to my child (NAME) _____ to participate in the athletic activities approved by the Physician as initialed for this school year.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL INFORMATION *To be completed by Parent or Legal Guardian.*

LAST NAME_____ **FIRST NAME**_____ **MIDDLE NAME**_____

MEDICAL HISTORY: Please check "No" or "Yes" appropriately.		**NO**	**YES**
ALLERGIES: FOOD, MEDICATION, ETC	if YES, when? _____	☐	☐
HEART PROBLEMS OR HEART DISEAS	if YES, when? _____	☐	☐
CHEST PAINS	if YES, when? _____	☐	☐
ASTHMA	if YES, when? _____	☐	☐
SHORTNESS OF BREATH	if YES, when? _____	☐	☐
HEAD INJURIES	if YES, when? _____	☐	☐
FRACTURES	if YES, when? _____	☐	☐
WEAK JOINTS OR BACK PROBLEMS		☐	☐
TAKING MEDICATION	if YES, what kind? _____	☐	☐
SURGERY	if YES, what type? _____	☐	☐
BLOOD DISORDER		☐	☐
HERNIA		☐	☐
RHEUMATIC FEVER		☐	☐
DIABETES		☐	☐
HEARING PROBLEMS	if YES, when? _____	☐	☐
VISION PROBLEMS: GLASSES/CONTACTS NEEDED		☐	☐
CONVULSIONS/SEIZURES OR BREATHING SPELLS	if YES, when? _____	☐	☐
OTHER SERIOUS INJURY OR ILLNESS? IF YES, PLEASE EXPLAIN BELOW		☐	☐

REMARKS:

_____

_____

_____

_____

_____

To the best of my knowledge, the information on this page is accurate and complete.

SIGNATURE OF PARENT OR GUARDIAN_____ **DATE**_____