



300 Market Street
 Elmwood Park, NJ 07407
 Tel: 201-796-5156 Fax: 201-796-2092
 schooloffice@stleosschool.org www.stleosschool.org

REGISTRATION FORM

Date: _____

Child's NAME: _____
Last First

Middle _____

DATE of BIRTH: _____ PLACE of BIRTH: _____ SEX: M F

ADDRESS: _____
Street City State Zip Code

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL _____

ENTRANCE GRADE: _____ PREVIOUS SCHOOL IF APPLICABLE _____

PRE-SCHOOL CHILDREN (check choice)

3 Mornings _____ 4 Mornings _____ 5 Mornings _____ # of Full Days _____ Other _____

PRE-KINDERGARTEN CHILDREN (check choice):

3 Mornings _____ 4 Mornings _____ 5 Mornings _____ # of Full Days _____ Other _____

TRANSITIONS 5 FULL DAYS _____

.....
 FATHER: _____
Last First Middle

ADDRESS: _____
Street City State

Zip Code _____

check here if same as student

WORK PHONE #: _____ HOME #: _____ CELL #: _____

EMAIL ADDRESS _____

.....
 MOTHER: _____
Last First Middle

ADDRESS: _____
Street City State

Zip Code _____

check here if same as student

WORK PHONE #: _____ HOME #: _____ CELL #: _____

EMAIL ADDRESS _____

IS CHILD AN AMERICAN CITIZEN _____ IF NOT, STATE CITIZENSHIP _____

Parish you belong to: _____

Please check one: Active Parishioner of St. Leo's _____ Non-Parishioner _____

(Please note: An active parishioner is one who is registered in St. Leo's Parish, attends liturgy at St. Leo's Parish regularly, and consistently uses the Parish Envelopes).

DOES YOUR CHILD HAVE ANY LEARNING DISABILITIES? _____

If so please submit IEP and other relevant information

HEALTH RECORDS & IMMUNIZATION RECORDS:

1. ALL CURRENT RECORDS MUST BE SUBMITTED TO THE HEALTH OFFICE ANNUALLY.
2. TO BE ADMITTED TO SCHOOL IN NEW JERSEY, YOUR CHILD MUST COMPLY WITH NEW JERSEY STATE IMMUNIZATION REGULATIONS. ALL STUDENTS WITHOUT THE PROPER IMMUNIZATIONS WILL BE EXCLUDED FROM SCHOOL.

*** Registration will be considered COMPLETE only when all documents and registration fees have been received by our secretary and health office.

PLEASE RETURN THIS FORM ALONG WITH A CHECK MADE PAYABLE TO: ST. LEO'S SCHOOL, in the amount of \$300.00 (if received by February 28th). Registration fees received after March 1st will be \$400.00. HSA fee included in the registration fee. Registration fees are non-refundable.

On behalf of St. Leo's School, we would like to thank you for your registration.

Emergency & Early Closing Contacts

Person to be called if parent/guardian not available:

Name _____

Home _____

Cell _____

Work _____

For Office use only:

Registration Fee: _____

Birth Certificate: _____

Baptismal Certificate: Y ___ N ___

Parishioner Verification Y ___ N ___

Parishioner: Y ___ N ___

Immunization Records: _____

Transportation Form: _____