



SAINT BONIFACE SCHOOL
2017-18 Registration

FAMILY INFORMATION Please update the office as information changes.

Family Name: _____ Home phone: _____
Address: _____ E Mail: _____
_____ E Mail: _____

The names of K-6 children who will be attending Saint Boniface School.

Child's Legal Name* (**Last, First and Middle**) Birth date Grade next year

*Please indicate the name you prefer we use in school: _____

Father's Name: _____ Mother's Name & Maiden Name: _____
Religion: _____ Religion: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____
Business Phone: _____ Business Phone: _____
Cell Phone: _____ Cell Phone: _____

Marital Status: Married Widowed Single
 Separated Divorced

If you are divorced or separated, who is the custodial parent? _____

If you are divorced or separated, are there any court orders in effect for the children named above?
 Yes (If yes, a copy must be on file in the school office at all times.) No

DAY CARE INFORMATION Please update the office as information changes.

For the children who will attend Saint Boniface School.

Name of Day Care Provider: _____ Telephone: _____
Address: _____

Days of the week and hours the children are at this day care? _____

Will your day care provider care for a sick child? Yes No

In case of illness and you cannot be reached, should the day care provider be contacted?
 Yes No

RELIGIOUS INFORMATION: Please update the office as information changes.

Name of the parish where you are registered: _____

Were the children named on this registration baptized at Saint Boniface? Yes No

If no, where were the children baptized? _____

All children not baptized at Saint Boniface, and who will be involved in our sacramental program, must have a copy of their baptismal certificate on file in the church office.

HEALTH INFORMATION Please update the office as information changes

Name of Family Doctor: _____ Telephone: _____

Name of Family Dentist: _____ Telephone: _____

If emergency treatment is required, and the parents cannot be reached immediately, may the school authorities use their own judgment in calling the above named doctor? If "no" what do the parents want done?

_____ Yes _____ No

Do any of the children you are registering require regular medication? _____ Yes _____ No

If yes, please describe the drug treatment. _____

Will the school be asked to dispense medication? _____ Yes _____ No

If your child needed to be transported to a hospital, do you give permission for the transport?

_____ Yes _____ No What hospital? _____

Does your child have any medical conditions (including allergies) we should be aware of?

If your child becomes ill and you cannot be reached, please indicate whom we should contact.

Name _____ Telephone _____ Relationship _____

TRANSPORTATION INFORMATION:

It is the policy of all District 750 schools, including Saint Boniface, to transport by school bus all K-6 students. Any student who does not ride the school bus must have written parent permission to walk, bike, or be transported by private individuals to their home or another destination.

Do you give permission for your child to walk to school? _____ Yes _____ No

When? _____ Always _____ When the child indicates _____ When a written note is sent to school

Do you give permission for your child to bike to school? _____ Yes _____ No

When? _____ Always _____ When the child indicates _____ When a written note is sent to school

Do you give permission for your child to be transported to/from school by another individual? _____ Yes _____ No

If yes, please indicate the names of all persons you are authorizing.

Name _____ Relationship _____

As parents/guardians of the children named on this registration, I accept responsibility for their safety to and from the **entrance** of the school building. If children named on the registration take the bus, school personnel will supervise them.

→ _____ Parent signature/s _____ Date

My child/children have my/our permission to go on all field trips that are planned during the school year. Teachers will notify you when these will happen. _____ Yes _____ No

My child/children have my/our permission to have their picture taken and name published in local newspapers. They may also be video taped for promotional and classroom purposes. _____ Yes _____ No

PARENT SIGNATURE

I understand that I will communicate with the Saint Boniface School office when any of the information on my registration form changes.

_____ Mother's Signature (**PRINT** and sign) _____ Date

_____ Father's Signature (**PRINT** and sign) _____ Date