



SAINT ANDREW SCHOOL

REGISTRATION CHECKLIST

Thank you for choosing St. Andrew School for your child!

Registration is considered complete when all forms are completed in full, and all necessary documents and the registration fee are received.

Student Name

grade entering

- School Registration Form
- Copy of original Birth Certificate
- Copy of original Baptismal Certificate
- \$300. non-refundable registration fee

check #

amt

date

MEDICAL FORMS

- ODH Health History form – *Parent's Report*
- Immunization Record (*use back of Health History form or attach doctor's form*)
- ODH Physical Examination Form
- ODH Oral Assessment Form (*complete at next scheduled appt*)

IF APPLICABLE:

- Information Release Form —*if entering grades 1-8*
- Court papers regarding custody of child
- Tuition Subsidy Form —*from neighboring parish*
- IEP, 504 (*or current evaluation from similar intervention program*)



today's date _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ grade entering _____

Address _____ City _____ ZIP _____

Date of Birth _____ Birthplace _____ Gender: M F Religion: Catholic Other _____

Parish where registered (if applicable) _____ Sacraments Received: Baptism Penance First Communion Confirmation

Last school attended _____ Address _____

Public School District _____ Address _____

Does the Student require intervention or special services? IEP 504 Plan Speech or Hearing other (specify) _____

STUDENT'S SIBLINGS (if applicable)

Sibling Name _____ grade entering _____ school _____

Sibling Name _____ grade entering _____ school _____

Sibling Name _____ grade entering _____ school _____

Sibling Name _____ grade entering _____ school _____

PARENT 1

Last Name _____ First Name _____ relationship to student _____

Street Address _____ City _____ ZIP _____

email address _____ mobile phone _____ home phone _____

employer _____ work phone _____

Birthplace _____ Religion: Catholic Other _____

PARENT 2

Last Name _____ First Name _____ relationship to student _____

Street Address _____ City _____ ZIP _____

email address _____ mobile phone _____ home phone _____

employer _____ work phone _____

Birthplace _____ Religion: Catholic Other _____

Student lives with: Both Parents Mother Father Other _____



SAINT ANDREW SCHOOL

INFORMATION RELEASE FORM

Grades 1-8

The undersigned parents of _____, hereby consent to the
Student Name
release of personally identifiable information.

Information Requested:

- Entire Student File Grade Reports and Test Scores IEP
- Birth Certificate Medical/Immunization Records Custody papers
- Baptism Certificate Other _____

Reason for Release:

- School Transfer Other _____

Previous School student's last grade enrolled

School Address

City State ZIP

Parent's Signature Date

Method of Transfer

- fax 614.451.0272
- e-mail crekow@cducation.org
- mail Chuck Rekow / Saint Andrew School / 4081 Reed Road / Columbus, OH 43220

+++++ **OFFICE USE ONLY** +++++

Date Sent By

Date Received By