



## New Student Registration for the 2010-2011 School Year

Attached is your registration packet for St. Timothy Catholic School.

### **1. THE FIRST PAGE OF THE APPLICATION IS ABOUT YOUR CHILD.**

Please complete all applicable boxes. Please list all date information in MM/DD/YY format. Complete one of these for each child you are registering.

### **2. THERE IS A SEPARATE PAGE FOR YOUR FAMILY INFORMATION.**

Please complete this page, making sure that all your personal contact phone numbers are listed: home, cell and work. Please be sure to provide your e-mail address as most of our school information is sent electronically.

### **3. REQUIRED DOCUMENTATION**

1. **Certified Birth Certificate** - Please bring both the original and a copy. We must see the originals to verify the authenticity.
2. **Copy of Baptismal Certificate (if applicable)** – We must have this even if this sacrament was celebrated at St. Timothy's parish. The school is not a part of the parish database, and therefore we ask you to obtain these necessary certificates.
3. **Immunization record** – Please bring in both the original and a copy. If you choose not to immunize your child, we will provide you with the appropriate form to complete.
4. **Parish Verification Form (Not required for members of St. Timothy's Church)** – Since our tuition is based on parish registration, this form is required of those who are registered in other parishes in the Diocese of Phoenix.
5. Copies of current (2009-10) and past year (2008-09) report cards.
6. Grades 6-8 only: letter of recommendation from current principal or teacher.

### **4. FEES**

A \$150.00/family application/registration fee is required. Cash or checks are accepted. We do not accept credit cards.

**All items listed above must be submitted together.**

**Incomplete registration packets will be not be accepted.**

- ***Applications will be accepted in the School Office beginning at 9:00am on Monday, February 8.***
- ***Open registration closes at 4:00pm on Friday, February 19.***

Please call the school office at 480 775-2650 if you have any registration questions.



For Office Use Only  
 Date Received \_\_\_\_\_  
 Check # \_\_\_\_\_ Cash \_\_\_\_\_  
 Amount \_\_\_\_\_ PDS \_\_\_\_\_

## 2010-2011 Registration Form - NEW STUDENT

<b>Student's Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Grade 2010-11</b>
<b>Social Security Number</b>	<b>Birthdate</b>	<b>Birthplace</b>	<b>Gender</b>
<b>Place of Baptism</b>	<b>Date of Baptism</b>	<b>Place of First Reconciliation</b>	<b>Date of First Rec.</b>
<b>Place of First Eucharist</b>	<b>Date of First Eucharist</b>	<b>Place of Confirmation</b>	<b>Date of Conf.</b>
<b>Ethnicity:</b> White    Black Asian <input type="checkbox"/> Native American Pacific Islander <input type="checkbox"/> Multi-Racial  <b>Language first learned by student:</b> _____  <b>Language most often spoken by student:</b> _____  <b>Consider home language to be:</b> _____  <b>This student resides with:</b> Both Parents in one household  Mother only      Father only <input type="checkbox"/> Shared custody (describe) _____  <input type="checkbox"/> Guardians _____	<b>This child has:</b> <input type="checkbox"/> Physical restrictions _____ Visual Difficulties _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> Other health conditions _____ _____ <input type="checkbox"/> Daily medications _____ Special learning needs (explain) _____ IEP/ISP (name of district and explanation) _____ _____ None of the above  SCHOOL ATTENDED 2009-10 _____  PREVIOUS SCHOOL (if applicable) _____		

