

Saint Theresa School
40 Saint Theresa Avenue
West Roxbury, MA 02132-3498

2011 - 2012 REGISTRATION FOR SAINT THERESA SCHOOL

Pupil's Name _____ Date _____
 ___ male ___ female Phone _____
 Street & Number _____ City/Zip _____
 Date of Birth _____ Place _____
 Date of Baptism _____ Church _____ City/Zip _____
 School Last Attended _____ Grade _____
 Entering grade in September, 2011 _____

Father's Name _____ Place of Birth _____
 Street & Number _____ City/ Zip _____
 Father's Occupation _____ Work Telephone _____
 Religion of Father _____ Does he attend Church? _____

Mother's Name _____ Place of Birth _____
First Maiden
 Street & Number _____ City/ Zip _____
 Mother's Occupation _____ Work Telephone _____
 Religion of Mother _____ Does she attend Church? _____

Child lives with _____ Relationship to child _____
 Street & Number _____ City/Zip _____ Phone _____
 Do you have other children in this school? _____ Yes _____ No

 Name Grade Name Grade Name Grade

Parish in which family lives _____ Family is a registered member of parish since _____

Does the family currently use offertory envelopes? _____ Yes _____ No Number # on Envelope _____
 We verify from our records. Your support of the parish is a condition of acceptance.

Signature of Parent _____

<i>For grades 3 to 8 only: Has your child received the following sacraments?</i>			
Penance	Yes ___ No ___	Date _____	Church _____ City _____
First Holy Communion	Yes ___ No ___	Date _____	Church _____ City _____

Registration fee (non-refundable/non-transferable \$100. credited toward tuition) amount paid _____ rec'd by _____
 (Checks payable to St. Theresa School) office _____ check _____ cash _____
 nurse init _____ health form rec'd _____

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Pupil's Name _____

In order to help us know you and your child, please answer the following:

1. Has your child ever been referred for psycho-educational assessment? ___Yes ___No
2. Does your child have an active IEP (Individual Educational Plan)? ___Yes ___No
3. Is your child currently receiving: ___Yes ___No
Special Services? ___Yes ___No
Tutoring? ___Yes ___No

If yes, please describe the services:

4. Please share with us a brief description of your child. What adjective best describes him or her?

5. If your child is accepted, will you send him/her to St. Theresa School? ___Yes ___No

To what other schools have you applied?

1. _____
2. _____
3. _____

First Choice _____