



January 26, 2009

Dear Parents,

It is that time of year again! St. Patrick School is currently taking registrations for the 2009-2010 school year. Please complete the registration form for any **NEW** student to be enrolled in grades DK – 12.

Kindergarten screening is scheduled for Tuesday, April 21, 2009. The Gesell Assessment will be administered to any students who will be entering Kindergarten in the Fall, unless they have already been tested. Ionia County Health Department personnel will be here to test vision and hearing for children who have not had this done.

Thank you,

Mr. Randy Hodge
Principal

**IN ORDER TO BE SCHEDULED
FOR AN APPOINTMENT FOR
KINDERGARTEN SCREENING,
PLEASE RETURN BY
APRIL 3, 2009.**

St. Patrick School

(517)647-7551 122 West Street Portland, Michigan 48875 FAX (517) 647-4545
A Catholic School offering excellence in education to students in grades DK – 12.

Student Enrollment Form

Student Name: _____ Last _____ First _____ Middle Name _____ Gender: (M) (F)
 Address: _____ City: _____ Zip: _____
 Phone: _____ Date of Birth: _____ Grade Entering: _____
 Last School Attended: _____ School _____ City/ST: _____
 Date of Baptism: _____ Church: _____ City/ST: _____
 DATE OF: First Communion: _____ Reconciliation: _____ Confirmation: _____
 Please list additional information regarding specific educational/medical needs (i.e., testing, gifted, learning difficulties, emotional concerns, etc.): _____

 Has this student ever been expelled from school? Yes _____ No _____ If yes, please list school and details: _____

Parent Information	Father	Mother
Name (include maiden name):		
Address (if different from student):		
City, ST Zip:		
Phone (if different from student):		
Employer/Occupation:		
Work Phone:		
Cell/Pager:		
Church/Religious Affiliation:		

I understand that failure to provide complete and accurate information to the school administrator may be cause for dismissal from the school.

Parent/Guardian Signature: _____ Date: _____

Please include a non-refundable registration fee of \$50.00 with this form.

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Date of Entry: _____ Registration Fee paid: _____ Scrip Account Number: _____
 Birth Certificate: _____ Health Form: _____ Emergency Card: _____ Parishioner: (Yes) _____ (No) _____