



Regina Catholic Education Center
Kindergarten Application

2120 Rochester Ave
Iowa City, IA 52245
319.337.5739 / fax 319.338.2443

| Student Information | | |
|--|--|--|
| Last Name: | | Religious Denomination: |
| First Name: | | If Catholic, Parish: |
| Middle Name: | | School District of Residence: |
| Birth date: | | County of Residence: |
| Birthplace (City, State): | | Preschool: |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | City: State: |
| Do you need busing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Intended Enrollment Date: |
| Parent/Guardian Contacts | | |
| | | <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives With |
| Mother's First Name: | | Last Name: |
| Address: | | Marital Status: |
| City: | State: | Zip: |
| Email: | | Employer: |
| Cell Phone: | | Occupation: |
| Home Phone: | | Religious Denomination: |
| Work Phone: | | If Catholic, Parish: |
| | | <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives With |
| Father's First Name: | | Last Name: |
| Address: | | Marital Status: |
| City: | State: | Zip: |
| Email: | | Employer: |
| Cell Phone: | | Occupation: |
| Home Phone: | | Religious Denomination: |
| Work Phone: | | If Catholic, Parish: |
| Siblings at Home | | |
| Name: | Age: | School: |
| Name: | Age: | School: |
| Name: | Age: | School: |
| Name: | Age: | School: |

Special Education Services/Programs

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|--|--|--------------------------------|----------------------------------|------------------------------|
| Has the student ever participated in any Special Education services or programs? <input type="checkbox"/> Yes <input type="checkbox"/> No | Please specify: | | <input type="checkbox"/> Speech | <input type="checkbox"/> RSP |
| | <input type="checkbox"/> Title I Math | <input type="checkbox"/> ESL | <input type="checkbox"/> 504/IEP | |
| | <input type="checkbox"/> Title I Reading | <input type="checkbox"/> Other | | |

Ethnicity

Are you Latino or Hispanic? Yes No

Race – mark all that apply

| | | |
|---|---|---|
| <input type="checkbox"/> Caucasian (not of Hispanic origin) | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian / Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native | |

Home Language (Please mark the language used most often at home)

English Spanish Other _____

Other Pertinent Information

How did you hear about Regina?

| | | |
|---|--|--|
| Was there a member of the Regina community who was instrumental in helping you to make the decision to send your student to Regina? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list that person’s name (one name only, please) |
|---|--|--|

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| Does your student have any special medical / health / dietary concerns about which we should know? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list the concerns |
|--|--|----------------------------------|

Please add anything else that you think is important to help us know your student better (interests, etc.).

Parent Signature: _____ Date: _____

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|---|--|
| A \$172 application fee* is required to be submitted with this form. *Fee includes \$100 registration fee, \$60 milk fee and \$12 nap mat fee. | Additional information is required before the start of the school year: ➤ Birth Certificate ➤ Immunization Record ➤ Parish Registration Form ➤ Dental Screening Form |
|---|--|

Please submit this application and fee to:

| | |
|---|---|
| Regina Elementary School 2120 Rochester Ave Iowa City, IA 52245 | Celeste Vincent, Principal celeste.vincent@regina.org Office: 319.337.5739 Fax: 319.338.2443 |
|---|---|

For Office Use Only

| | |
|---------------------------|----------------------|
| Entry Date into District: | Regina Student ID #: |
| State ID #: | Date Submitted: |
| Application Fee Included: | |