



**Regina Catholic Education Center**  
**Elementary Application for Admission**

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

<b>Educational/Behavioral History</b>		
Has the student ever been expelled from a school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please submit a written explanation.
<b>Special Education Services/Programs</b>		
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
<b>Ethnicity</b>		
Are you Latino or Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Race – mark all that apply</b>		
<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		
<b>Home Language (Please mark the language used most often at home)</b>		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
<b>Other Pertinent Information</b>		
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)
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: _____		
A \$100 application fee is required to be submitted with this form.	Regina will submit a request for records to your child's current school. Please notify your child's school of our intent to request records.	
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	Kelly Starr, Vice Principal kelly.starr@regina.org Office: 319.337.5739 Fax: 319.338.2443
<b>For Office Use Only</b>		
Entry Date into District:	Regina Student ID #:	
State ID #:	Date Submitted:	
Application Fee Included:	Admission Decision Date:	