

**Regina Catholic Education Center**

**Kindergarten Application**

2120 Rochester Ave

Iowa City, IA 52245

319.337.5739 / fax 319.338.2443

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| **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:  M  F | | City: | | | State: |
| Do you need busing? | Yes  No | Intended Enrollment Date: | | | |
|  | | | | | |
| **Parent/Guardian Contacts** | | **Has Custody**  **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: | | | |
|  | | **Has Custody  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: | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Education Services/Programs** | | | | | | | | | |
| Has the student ever participated in any Special Education services or programs? | | Yes  No | | | Please specify:  Speech  RSP  Title I Math  ESL  504/IEP  Title I Reading  Other | | | | |
| **Ethnicity** | | | | | | | | | |
| Are you Latino or Hispanic?  Yes  No | | | | | | | | | |
| **Race – mark all that apply** | | | | | | | | | |
| Caucasian (not of Hispanic origin)  Asian | Black or African American  American Indian or Alaska Native | | | | | | Native Hawaiian / Other Pacific Islander | | |
| **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? | | | | Yes  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? | | | | Yes  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 $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 | | | | | | Kelly Starr, Vice Principal  kelly.starr@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: | | | | |  | | | | |