



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: <input type="text"/> State: <input type="text"/>
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: <input type="text"/>	Zip: <input type="text"/>
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: <input type="text"/>	Zip: <input type="text"/>
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

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

Caucasian (not of Hispanic origin)
 Black or African American
 Native Hawaiian / Other Pacific Islander
 Asian
 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
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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: <ul style="list-style-type: none"> ➤ Birth Certificate ➤ Immunization Record ➤ Parish Registration Form ➤ Dental Screening Form
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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
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For Office Use Only

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