**Regina Catholic Education Center**

**Application for Admission (Jr./Sr. High)**



2150 Rochester Ave

Iowa City, IA 52245

319.338.5436 / fax 319.887.3817

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|  | | | |  | | | |
| Last Name: | | | | Current School: | | | |
| First Name: | | | | District of Residence: | | | |
| Middle Name: | | | | County of Residence: | | | |
| Birth date: | | | | City : | | | State: |
| Sex:  M  F | | | | Current Grade Level: | | | |
| Do you need busing | Yes  No | | | Semester and Year Applying for: | | | |
| Date of Application: | | | | *(i.e. Spring 2019 or 2019-2020 School Year)* | | | |
|  | | | | | | | |
| **Parent/Guardian Contact #1** | | | | **Has Custody**  **Lives With** | | | |
| First Name: | | | | Last Name: | | | |
| Address: | | | | Relationship: | | | |
| City: | | | | State: | | Zip: | |
| Email: | | | | | | | |
| Home Phone: | | | Work: | | Cell: | | |
|  | | | | | | | |
| **Parent/Guardian Contact #2** | | | | **Has Custody  Lives With** | | | |
| First Name: | | | | Last Name: | | | |
| Address: | | | | Relationship: | | | |
| City: | | | | State: | | Zip: | |
| Email: | | | | | | | |
| Home Phone: | | | Work: | | Cell: | | |
|  | | | | | | | |
| **Educational/Behavioral History** | | | | | | | |
| Has the student ever been expelled from a school? | | Yes  No | | If yes, please provide an explanation in writing with application. | | | |
| Has the student ever repeated a course or grade? | | Yes  No | | If yes, please provide an explanation in writing with application. | | | |
| **Support Programs or Special Education Services** | | | | | | | |
| Has the student ever participated in any educational support programs or Special Education services? | | Yes  No | | If yes, please specify:  504 Accommodation  IEP  Title I Math  ESL/ELL  Speech/Language  Title I Reading  Other Reading or Math Support | | | |

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| --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | |
| Are you Latino or Hispanic?  Yes  No | | | | | |
| **Race – mark all that apply** | | | | | |
| White  Black or African American | Asian  American Indian or Alaska Native  Caucasian (not of Hispanic origin) | | | | Native Hawaiian / Other Pac Islander  Caucasian (not of Hispanic o |
| **Home Language (Please mark the language used most often at home)** | | | | | |
| English  Spanish  Other  Is English your first language? Yes No Do you speak English fluently? Yes No | | | | | |
| **Religious Affiliation** | | | | | |
| Denomination       Parish       Pastor | | | | | |
| **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.). | | | | | |
| In addition to this completed application, the following information is required to process this application:   1. A one-page personal statement explaining why you would like to attend Regina. 2. Completed Request for Records form 3. $100 Registration Fee 4. A copy of the student’s most recent school report card and/or a transcript. 5. A copy of the student’s most recent standardized test scores. 6. A copy of your student’s current immunization record.     Please submit this application and accompanying materials to: | | | | | |
| Glenn Plummer, Principal  Regina Jr/Sr High School  2150 Rochester Ave  Iowa City, IA 52245 | | | glenn.plummer@regina.org  Office: 319.338.5436  Fax: 319.887.3718 | | |
| ***For Office Use Only*** | | | | | |
| Accepted Date into District: | | | Regina Student ID #: | | |
| Start Date: | | | State ID #: | | |