

Date Application Completed: _____



Regina Catholic Education Center
Kindergarten Application 2021-2022 School Year

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:		Residential School:
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	
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											
Has the student ever participated in any Special Education services or programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify: <table border="0"> <tr> <td><input type="checkbox"/> Title I Math</td> <td><input type="checkbox"/> Speech</td> <td><input type="checkbox"/> RSP</td> </tr> <tr> <td><input type="checkbox"/> Title I Reading</td> <td><input type="checkbox"/> ESL</td> <td><input type="checkbox"/> 504/IEP</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> Title I Math	<input type="checkbox"/> Speech	<input type="checkbox"/> RSP	<input type="checkbox"/> Title I Reading	<input type="checkbox"/> ESL	<input type="checkbox"/> 504/IEP		<input type="checkbox"/> Other	
<input type="checkbox"/> Title I Math	<input type="checkbox"/> Speech	<input type="checkbox"/> RSP									
<input type="checkbox"/> Title I Reading	<input type="checkbox"/> ESL	<input type="checkbox"/> 504/IEP									
	<input type="checkbox"/> Other										
Ethnicity											
Are you Latino or Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> 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)											
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> 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)									
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 \$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 										
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:											