

Date Application Completed: _____



Regina Catholic Education Center
Kindergarten Application 2022-2023 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: <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? <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: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Regina Elementary School 2120 Rochester Ave Iowa City, IA 52245 </td> <td style="width: 33%; vertical-align: top;"> Celeste Vincent, Principal celeste.vincent@regina.org Office: 319.337.5739 Fax: 319.338.2443 </td> <td style="width: 33%; vertical-align: top;"> Kelly Starr, Vice Principal kelly.starr@regina.org Office: 319.337.5739 Fax: 319.338.2443 </td> </tr> </table>			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:					