

Date Application Completed: _____



Regina Catholic Education Center
Elementary Application for Admission
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):		Current School:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		City: _____ State: _____
Do you need busing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Zip: _____
Enrolling for the 2022-2023 School Year. Entering Grade Level: _____		
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:

Educational/Behavioral History		
Has the student ever been expelled from a school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please submit a written explanation.
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 \$100 application fee is required to be submitted with this form.	Regina will submit a request for records to your child's current school. Please notify your child's school of our intent to request records.	
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:	Admission Decision Date:	