

Catherine Laboure
Registration Form

REGISTRATION YEAR _____

STUDENT NAME _____ D.O.B _____

IEP ID# _____

PARENT / GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

MOTHER'S BUSINESS PHONE _____

FATHER'S BUSINESS PHONE _____

EMERGENCY CONTACT NAME AND NUMBER _____

MEDICATION TAKEN AT HOME _____

ALLERGIC TO ANYTHING _____

No Daily Lunch Program available Parent Signature _____

NEW APPLICANT PLEASE CURRENT SCHOOL ADDRESS AND PHONE NUMBER

DOES STUDENT HAVE A CURRENT IEP _____ DATE OF IEP _____

CSE HOME DISTRICT _____ DATE OF LAST TRIENNIAL _____

PROGRAM RECOMMENDATION _____ CLASSIFICATION _____

PERMISSION FOR Walking trips SIGNATURE _____

PERMISSION FOR PHOTO/VIDEO SIGNATURE _____

IN CASE OF ACCIDENT OF SERIOUS ISSNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO CONTACT ME, I HEREBY AUTHORIZE THE SCHOOL TO MAKE WHATEVER ARRANGEMENTS SEEM NECESSARY.

PARENTS SIGNATURE _____ DATE _____