



South Boston Catholic Academy

Faith, Family Spirit, Academic Excellence

ADDITIONAL STUDENT INFORMATION

Has your child received early intervention services from your city or town? [] Yes [] No
If yes please explain _____

Please list any diagnosed allergies. _____

Does the student require and EpiPen , inhaler or medications? [] Yes [] No
*If yes please explain and provide medical documentation _____

Do you intend to use the: After School Program _____ Before School Program _____

Please indicate the name(s) and grade(s) of any siblings applying to and/or attending South Boston Catholic Academy:

Name _____ Grade _____ Name _____ Grade _____
Name _____ Grade _____ Name _____ Grade _____

DOCUMENTATION

In order for the student's registration to be completed, the following documents must be received :

_____ Student's Baptismal Certificate (if Catholic)

_____ Student's Birth Certificate (or Passport if born outside the U.S.)

_____ Student's Immunization Record

REGISTRATION FEE

To officially register your child in the South Boston Catholic Academy, please include a **\$100.00 non-refundable registration fee (per child) \$200.00 family maximum with this form**

SIGNATURE

By signing below, I certify that the information above is accurate.

Name of Parent/Guardian (print) _____

Signature of Parent/Guardian _____ Date _____

How did you hear about Academy? _____ website _____ Friends/Family _____ Another Parent _____ Newspaper Ad _____ Other _____

For Office Use Only:

Registration Fee: \$100.00:\$200 family maximum

Paid: _____ Date: _____ Check #: _____ Cash: _____ Received by _____

Baptismal Certificate: _____ Birth Certificate: _____ Immunization Forms: _____

Date of Completed File: _____ File Completed By: _____