

For Office Use Only  
Forms:  
Birth \_\_\_\_\_  
Baptismal \_\_\_\_\_  
Reg. Fee \_\_\_\_\_  
Custody Papers \_\_\_\_\_

For Office Use Only  
Registration # \_\_\_\_\_  
PWS \_\_\_\_\_  
P \_\_\_\_\_  
NP \_\_\_\_\_  
Date \_\_\_\_\_

**ST. CHARLES BORROMEIO SCHOOL**  
**4600 ACKERMAN BLVD.**  
**KETTERING, OHIO 45429**

**APPLICATION FOR REGISTRATION**

For Grade \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_  
Street City Zip

Birth \_\_\_\_\_ Place \_\_\_\_\_  
Month Day Year City State

Male \_\_\_\_\_ Female \_\_\_\_\_ Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Baptism \_\_\_\_\_  
Church City State Year

First Communion \_\_\_\_\_  
Church City State Year

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**PARENT INFORMATION**

Legal Guardian(s) of Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Father's Name** \_\_\_\_\_ (Single, Married, Divorced, Deceased)  
(Please circle one)

Address (if different from student) \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ Bus. Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Mother's Name** (including maiden name) \_\_\_\_\_  
(Single, Married, Divorced, Deceased) (Please circle one)

Address (if different from student) \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ Bus. Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**IN CASE OF A DIVORCE, A COPY OF THE CUSTODY PAPERS MUST BE ON FILE AT SCHOOL.**

Registered Members of St. Charles Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of years in the Parish \_\_\_\_\_

If entering St. Charles School from public school, list previous religious education program attended \_\_\_\_\_

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**CURRENT SCHOOL**

School now attending \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

For parents of registering **first grade students**: Did your child successfully complete kindergarten?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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**TRANSPORTATION**

Public School District of Residence \_\_\_\_\_

Will child be using public school transportation on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Local district establishes qualifications for transportation)

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**DAYCARE** (To be completed only if your child will be using daycare.)

Name of Daycare \_\_\_\_\_ Phone Number \_\_\_\_\_

Arriving A.M. by daycare? Yes No

Dismissal to daycare? Yes No

**THIS IS INFORMATION THAT IS HELPFUL TO US AND IS FILED IN THE STUDENT'S FOLDER.**

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_

Name of Siblings

Sex

Birthdate(including year)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**E-MAIL ADDRESS** \_\_\_\_\_

**SAINT CHARLES BORROMEIO SCHOOL**

**4600 ACKERMAN BOULEVARD – KETTERING, OHIO 45429 – AREA CODE 937 – PHONE 434-4933**

**REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS**

It is requested that an official copy of the school records of the listed student be released or transferred.

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

**Sending School**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Receiving School**

St. Charles School  
4600 Ackerman Blvd.  
Kettering, OH 45429

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the transfer of all school records as defined by PL-93-380 and any amendments thereto for the above named student. By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred.

\_\_\_\_\_  
Signature of Parent, Guardian

\_\_\_\_\_  
Signature of School Person

\_\_\_\_\_  
Address of Parent, Guardian

\_\_\_\_\_  
Date

**TRUTH – BEAUTY - GOODNESS through REFLECTION - LOVE - FREEDOM**