



Kindergarten Registration Form

_____ Student's Last Name _____ First Name _____ Middle Name _____

For the School Year _____ to _____ Please check one: _____ 1/2 day _____ full day

How did you hear about St. Leo the Great School? _____

Address _____ Home Phone _____

Date of Birth _____ Birthplace _____ (City/State) Gender _____ (M) _____ (F)

Religion _____ Citizenship _____

Name of Current Parish _____ Date Registered _____

Parish of Baptism _____ Date of Baptism _____

Last School Attended _____ Address _____
(City/State)

The Public School District In Which You Reside _____

Father's Full Name _____

Mother's Full Name _____

Street Address _____

City/State/Zip Code _____

Email Address (please print) _____

Names and Birthdates of Siblings Currently Attending St. Leo the Great School:

Names and Birthdates of Siblings Not Currently Attending St. Leo the Great School:

The Parents and/or Guardians of the applicant student hereby agree that they and their applicant student will abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and by the St. Leo the Great Parish/School, including but not limited to those set forth or referred to in the school's and/or diocesan student handbook.

FOR SCHOOL OFFICE USE ONLY:	
Date Received _____	State Issued Birth Certificate _____ Parish Verification Form _____
Registration Fee Paid _____ (yes) _____ (no)	Baptismal Certificate _____
Check # _____	Updated Immunization Record _____