



Please complete ALL fields below:

STUDENT INFORMATION		
Student Name:		Grade Entering:
Address:	City, State, Zip:	
Home Phone:	Birthdate:	
Place of Birth:	Religion:	
Previous school:	Gender:	
Present parish:	Ethnicity: <input type="checkbox"/> American Indian/Native Alaska <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial Select One: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Languages spoken at home:		
Primary Contact Email:		
(email is required for school communication and for access into School's Plus Portal).		
My child has previously applied for admission at LFCS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PARENT / GUARDIAN INFORMATION		**E- Mail address is required for Portal Access
Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Mother's/Guardian's Name: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Father's/Guardian's Name: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Mothers Address: City, State, Zip Code:	Fathers Address: City, State, Zip Code:	
Home Phone Number	Home Phone Number:	
Cell Phone Number:	Cell Phone Number:	
Work Number:	Work Number:	
Email:	Email:	
Employer:	Employer:	
Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Signature:	
OTHER INFORMATION		
Emergency Contact:	Relationship:	
Phone Number:	Cell Number:	
Physicians Name:	Physicians phone number:	
Allergies:	Medical conditions/ Medications:	
Family Member(s) currently attending this school (list grade level/relationship)		
Name of Person(s) with permission to pick-up student during school hours:		
Requirements:		
1- Birth Certificate	2- Baptism Certificate	Transferred Students: <input type="checkbox"/> Release of Records <input type="checkbox"/> Report Card (2) <input type="checkbox"/> Standardized Test Scores (2) <input type="checkbox"/> Transcripts <input type="checkbox"/> Student Recommendation Form
3- Parent's Agreement Form	4- Physical Exam & Immunization Records	
5-Signed up with FACTS	6- Registration Fee: <input type="checkbox"/> FACTS <input type="checkbox"/> Check	
I as Parent/ Guardian of the aforementioned student, certify, that the information provided is true and accurate.		
Parent /Guardian Signature:		Date:
NOTE: The Archdiocese of Miami is authorized under Federal Law to enroll nonimmigrant alien students and issue I-20 certificates for students to obtain F-1 status. If you need assistance, please let the school know at registration.		
If a citizen of a country other than the US, will and I-20 Immigration Form be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If a student VISA based on I-20 is not needed, please provide form of VISA student will use to enter the U.S. _____		
School Use ONLY:	<input type="checkbox"/> Registration Fee <input type="checkbox"/> ALL Required Docs. Scholarship: <input type="checkbox"/> SU <input type="checkbox"/> AAA <input type="checkbox"/> FE <input type="checkbox"/> Other	
Initials: _____	<input type="checkbox"/> FACTS <input type="checkbox"/> ESE Docs. <input type="checkbox"/> Medical Docs. Sibling: <input type="checkbox"/> Yes <input type="checkbox"/> No	