

DIVINE REDEEMER SCHOOL ENROLLMENT FORM 2024-2025

STUDENT/S

Full Name Student #1: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Female _____ Male _____ Grade: _____

Preferred Name: _____ Ethnicity: Hispanic _____ Non-Hispanic _____

Race:

- Asian
- African American
- White
- Pacific Islander
- American Indian/Native Alaskan
- Two or more

Full Name Student #2: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Female _____ Male _____ Grade: _____

Preferred Name: _____ Ethnicity: Hispanic _____ Non-Hispanic _____

Race:

- Asian
- African American
- White
- Pacific Islander
- American Indian/Native Alaskan
- Two or more

Full Name Student #3: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Female _____ Male _____ Grade: _____

Preferred Name: _____ Ethnicity: Hispanic _____ Non-Hispanic _____

Race:

- Asian
- African American
- White
- Pacific Islander
- American Indian/Native Alaskan
- Two or more

Student(s) lives with:

Both Parents Father Mother Stepfather Stepmother Other (explain) _____

PARENT(S) OR GUARDIAN

Mother's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: Berkeley Charleston
 Dorchester

Cell Phone: _____ Email: _____

Main Occupation: _____

Religion: Catholic - Parish: _____ non-Catholic

Father's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: Berkeley Charleston
 Dorchester

Cell Phone: _____ Email: _____

Main Occupation: _____

Religion: Catholic - Parish: _____ non-Catholic

RELIGIOUS INFORMATION

Student #1: _____ Religion of Child: _____

Baptism Date: _____ Name of Church: _____

First Holy Communion Date: _____ Name of Church: _____

Student #2: _____ Religion of Child: _____

Baptism Date: _____ Name of Church: _____

First Holy Communion Date: _____ Name of Church: _____

Student #3: _____ Religion of Child: _____

Baptism Date: _____ Name of Church: _____

First Holy Communion Date: _____ Name of Church: _____

LANGUAGE SURVEY

Child's Primary language: _____

Language most often spoken by the child/ren at home: _____

Primary language spoken in the home regardless of child/ren preference: _____

NEW STUDENT HISTORY

STUDENT #1

Current School: _____

Current Grade: _____ Address _____

City _____ State _____ Zip _____ School Phone _____

Has your child received any of the following services? Please check all that apply.

- Speech Therapy Occupational Therapy Physical Therapy
 Evaluative Testing IEP or 504 document

Please describe circumstances and more details for the above items checked:

Has your child repeated any grade? Yes No - (if yes, please explain)

Has your child ever been suspended from school? Yes No - (if yes, please explain)

Has your child ever been expelled from school? Yes No - (if yes, please explain)

Does your child have any physical handicaps/health restrictions? Yes No - (if yes, please explain)

STUDENT #2

Current School: _____

Current Grade: _____ Address _____

City _____ State _____ Zip _____ School Phone _____

Has your child received any of the following services? Please check all that apply.

- Speech Therapy Occupational Therapy Physical Therapy
 Evaluative Testing IEP or 504 document

Please describe circumstances and more details for the above items checked:

Has your child repeated any grade? Yes No - (if yes, please explain)

Has your child ever been suspended from school? Yes No - (if yes, please explain)

Has your child ever been expelled from school? Yes No - (if yes, please explain)

Does your child have any physical handicaps/health restrictions? Yes No - (if yes, please explain)

STUDENT #3

Current School: _____

Current Grade: _____ Address _____

City _____ State _____ Zip _____ School Phone _____

Has your child received any of the following services? Please check all that apply.

Speech Therapy Occupational Therapy Physical Therapy

Evaluative Testing IEP or 504 document

Please describe circumstances and more details for the above items checked:

Has your child repeated any grade? Yes No - (if yes, please explain)

Has your child ever been suspended from school? Yes No - (if yes, please explain)

Has your child ever been expelled from school? Yes No - (if yes, please explain)

Does your child have any physical handicaps/health restrictions? Yes No - (if yes, please explain)
