

Catholic Interparochial School of Pointe Coupee

**P. O. Box 146
New Roads, LA 70760
(225) 638-9313**

New Family Current Family

Date _____

Entering Grade: _____

Student _____
(Last) (First) (Middle)

MAILING ADDRESS:

Street _____
City _____
State _____ Zip _____
Home Phone _____
Student's cell phone # _____
Church Presently Attending _____
Baptism Date _____ Communion Date _____

Male _____ Female _____
Birth Date _____
Birth Place _____
U.S. Citizen Yes _____ No _____
Student's Social Security # _____
Religion _____
Confirmation Date _____

FAMILY INFORMATION

Father/Guardian

Name _____
Deceased: ___ Yes ___ No
Address _____
City _____
State _____
Occupation _____
Employer _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email Address: _____
CISPC Alumni: ___ Yes ___ No ___ Year
Father's Religion _____

Mother/Guardian (include maiden name)

Name _____
Deceased: ___ Yes ___ No
Address _____
City _____
State _____
Occupation _____
Employer _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email Address: _____
CISPC Alumni: ___ Yes ___ No ___ Year
Mother's Religion _____

Parents separated? ___ Yes ___ No Double mailing requested ___ Yes ___ No

If yes, list name, address and phone of parent not listed above _____

Party responsible for fees _____

Emergency Information if you can't be reached:

Name(s) Relationship Phone Number

LIST ALL SCHOOLS APPLICANT ATTENDED FROM PK THROUGH PRESENT:

Year Grade School & Location (including mailing address)

Extra-Curricular School/Parish Activities: _____

List student brothers and sisters:

Name School Attending/Attended Grade/Year of Graduation Age

Has student ever been DISMISSED from school for any reason? Yes No

Asked to withdraw? _____ Received severe disciplinary censure? _____

If "Yes" to any of these questions, attach details including name of school and year.

Will this be the oldest (or only) child attending? Yes No

Nearest public school to applicant's home: _____

HEALTH FORM

Has student been absent more than five (5) days during the most recent school term? _____

If so, please explain further: _____

Allergies: _____

List any serious or chronic illnesses or medical conditions: _____

Does student take any medication routinely? If so, what? _____

Does student have special needs (medical or academic)? _____

If so, please explain further: _____

PLEASE ATTACH THE FOLLOWING:

Xerox copy of the latest report card

Standardized test scores

Birth certificate

Copy of Social Security Card

Copy of Baptismal Certificate

Pastor approval letter

Updated health card

Failure to provide all requested information may result in student not being considered for admission.

Registration fee will be refunded **only** upon denial of admission.

Date

Parent's Signature

The admission policy of the school prohibits discrimination in accordance with the Title IX of the Civil Rights Act of 1964.