

# Bishop Shanahan High School

## 9<sup>th</sup> REGISTRATION FORM

Current  
Grade



PLEASE PRINT ALL INFORMATION

Date \_\_\_\_\_

Student Number \_\_\_\_\_  
ASSIGNED BY BISHOP SHANAHAN

**STUDENT INFORMATION:**

Female

Male

Asian

Native American

Black

Hispanic

White

Name \_\_\_\_\_  
LAST FIRST & MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone \_\_\_\_\_ SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_ Country of Birth \_\_\_\_\_

School District \_\_\_\_\_ Parish \_\_\_\_\_  
WHERE STUDENT RESIDES WHERE STUDENT IS REGISTERED  
 Catholic  
 Non-Catholic

Name of School \_\_\_\_\_  
FROM WHICH STUDENT IS ADMITTED

**PARENT-GUARDIAN/FAMILY INFORMATION:**

Father \_\_\_\_\_  
FULL NAME

Asian

Native American

Black

Living

White

Hispanic

Deceased

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Religion \_\_\_\_\_

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

Mother \_\_\_\_\_  
FULL NAME

Asian

Native American

Black

Living

White

Hispanic

Deceased

Address \_\_\_\_\_  
STREET (IF DIFFERENT THAN FATHER) CITY STATE ZIP

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Religion \_\_\_\_\_

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

Marital Status  Married  Separated  Divorced  Remarried  Widowed  Single

Parent Cell phone number (or best number to call) \_\_\_\_\_  
for emergency communications via School Reach (School Reach is the school emergency telephone broadcast system)

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent(s) or grandparent (s) who attended Bishop Shanahan \_\_\_\_\_  
Year of Graduation (or last attended) \_\_\_\_\_

Number of Siblings \_\_\_\_\_ Number that are Older \_\_\_\_\_ Number that are Younger \_\_\_\_\_

Name of Siblings	D.O.B.	School	Grade

Language(s) Spoken at Home     English    French    German    Italian    Polish    Spanish    Tagalog    Other

**ACADEMIC SECTION:**

Does your child have special learning needs?    Yes    No   If yes, please specify... \_\_\_\_\_

Which Foreign Language does the student wish to take (list preference 1,2,3) \_\_\_French\_\_\_Spanish\_\_\_Italian

What is the current Math course of the student? (Pre-Algebra or Algebra I) \_\_\_\_\_

**MEDICAL:**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List Medications student is taking \_\_\_\_\_

List Medical Conditions of the student \_\_\_\_\_

Emergency Contact & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Maternal Grandparents \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

**PREFERRED ACTIVITIES:**

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Academic Bowl     | <input type="checkbox"/> Critics Club          | <input type="checkbox"/> Ice Hockey         | <input type="checkbox"/> Musical/Drama          | <input type="checkbox"/> Softball        |
| <input type="checkbox"/> Ambassadors       | <input type="checkbox"/> Cross Country         | <input type="checkbox"/> Inline Skating     | <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Art               | <input type="checkbox"/> Dance                 | <input type="checkbox"/> Jazz Band          | <input type="checkbox"/> Newspaper              | <input type="checkbox"/> Swimming        |
| <input type="checkbox"/> Baseball          | <input type="checkbox"/> Earth Corps           | <input type="checkbox"/> Lacrosse           | <input type="checkbox"/> Philosophy Club        | <input type="checkbox"/> TV Studio       |
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Field Hockey          | <input type="checkbox"/> Leadership Council | <input type="checkbox"/> Photography            | <input type="checkbox"/> Tennis          |
| <input type="checkbox"/> Bowling           | <input type="checkbox"/> Football              | <input type="checkbox"/> Literary           | <input type="checkbox"/> Respect Life           | <input type="checkbox"/> Track           |
| <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Foreign Language Club | <input type="checkbox"/> Mathletes          | <input type="checkbox"/> Robotics               | <input type="checkbox"/> Volleyball      |
| <input type="checkbox"/> Chorus            | <input type="checkbox"/> Forensics             | <input type="checkbox"/> Ministry Club      | <input type="checkbox"/> Rugby                  | <input type="checkbox"/> World Affairs   |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Game/Chess Club       | <input type="checkbox"/> Mock Trial         | <input type="checkbox"/> SADD                   | <input type="checkbox"/> Wrestling       |
| <input type="checkbox"/> Concert Band      | <input type="checkbox"/> Golf                  |   | <input type="checkbox"/> Soccer                 | <input type="checkbox"/> Yearbook        |

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

**NON-REFUNDABLE REGISTRATION FEE - \$350 from January 9 through February 19, 2012  
 \$400 after February 19, 2012  
 (\$200 of the School Fee is included in the registration fee)**

**PLEASE NOTIFY THE SCHOOL OF ANY CHANGES IN INFORMATION SUPPLIED ON THIS FORM.**

Rev. 12-6-11