

KEARNEY CATHOLIC HIGH SCHOOL REGISTRATION
(PLEASE PRINT)

First Name _____ M.I. _____ Last Name _____
_____ Female _____ Male

Birth Date _____ Social Security # _____

Ethnicity _____

Home Address _____

Parents E-mail Address _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Lives With: _____ Mother _____ Father _____ Step-Father _____ Step-Mother
_____ Other _____

School Presently Attending _____

Grade _____

Catholic: Yes _____ No _____

Member of St. James Parish _____

Member of Prince of Peace Parish _____

If not Catholic, to which religion do you belong? _____

**COMPLETED REGISTRATION FORM SHOULD BE
ACCOMPANIED BY A \$100.00 DEPOSIT, WHICH WILL BE
APPLIED TOWARD TUITION AFTER THE ENROLLMENT
LIST IS FINALIZED.**

PLEASE COMPLETE BOTH SIDES

CATHOLIC HIGH SCHOOL OF KEARNEY

110 East 35th Street

P.O. Box 1866

Kearney, Nebraska 68847

AUTHORIZATION TO RELEASE STUDENT RECORDS AND INFORMATION

THE SOURCE OF SAID RECORDS IS:

School

Address

City State Zip Code

You are hereby authorized to release from your school records the following data concerning:

Student Grade

_____ Official permanent record (parents' names, student's name, grade level, birth date, academic achievement test scores, standardized achievement and aptitude tests, attendance data).

_____ Teacher/Counselor observations and ratings.

_____ Health data (vision, hearing, immunizations, birth certificate).

_____ Special education placement forms and individual education plans.

_____ Other data (specify:) _____

(Signature of Parent or Guardian) (Date)

(Street) (City) (State) (Zip)