

BISHOP FOLEY

CATHOLIC HIGH SCHOOL

FAMILY REGISTRATION FORM 2012 – 2013

Items to be returned upon registration:

- Registration Form
- Record Release – (**new students only**)

See Money Matters:

- Registration Fee
- Tuition Deposit
- Financial Contract
- Facts Billing Fee

IMPORTANT: This information is used in the event of student emergencies thus it could be imperative to the welfare of your child. Please make sure that the information you provide is complete and accurate. This information is also used in the event that the school must be dismissed early due to weather conditions or mechanical failure in the building. It is your responsibility to keep the school informed of any changes that may occur during the course of the school year.

All of the information in this document is required for student registration. Registration is complete only when all registration fees are paid and registration forms are accurately completed and turned into the Finance Office.

ENROLLMENT POLICIES OF BISHOP FOLEY CATHOLIC HIGH SCHOOL

Because BFCHS is a Catholic High School, all students enrolling are required to take religious education classes each semester and attend all religious services. I/we agree to abide by the rules and regulations set forth in the student handbook, plus any set forth by the Administration or Board of Education. Failure to abide by said rules could result in disciplinary action which may include suspension or expulsion.

BFCHS is a college preparatory school that aspires to prepare 100% of its student body to attend post-secondary education at colleges or universities. Bishop Foley provides reasonable academic support to students who need extra assistance. Examples of the academic support services we provide include: peer tutoring after school, a pre-high school summer study skills class, assignments and grades on Edline, and/or a 9th grade skills enrichment course. Specific grade point averages are required for participation in sports and some co-curricular activities.

PARENT/GUARDIAN INFORMATION

FATHER'S FIRST NAME	MIDDLE NAME	LAST NAME	ALUMNI OF BFC - CLASS OF
HOME PHONE	BUSINESS PHONE	CELL PHONE	E-MAIL ADDRESS

ADDRESS- IF DIFFERENT THAN STUDENT	CITY	STATE	ZIP

FATHER'S EMPLOYER	OCCUPATION

STEP-MOTHER INFORMATION (If applicable)

FIRST NAME	LAST NAME	BUSINESS PHONE	CELL PHONE

Does father have Legal Custody? Yes No

If father is **not** the custodial parent, does he receive mailings? Yes No

MOTHER'S FIRST NAME	MIDDLE NAME	LAST NAME	ALUMNI OF BFC - CLASS OF
HOME PHONE	BUSINESS PHONE	CELL PHONE	E-MAIL ADDRESS

ADDRESS- IF DIFFERENT THAN STUDENT	CITY	STATE	ZIP

MOTHER'S EMPLOYER	OCCUPATION

STEP-FATHER INFORMATION (If applicable)

FIRST NAME	LAST NAME	BUSINESS PHONE	CELL PHONE

Mother's Maiden Name if Alumni of Bishop Foley Catholic: _____

Does mother have Legal Custody? Yes No

If mother is **not** the custodial parent, does she receive mailings? Yes No

GRANDPARENT INFORMATION –we would like to celebrate our Foley Grandparents in a special way each year.
Please provide the following information:

Maternal Grandparents: _____

Address: _____ **City:** _____ **Zip:** _____

Paternal Grandparents: _____

Address: _____ **City:** _____ **Zip:** _____

EMERGENCY CONTACT INFORMATION

This information will be used if the school is unable to reach the parent or legal guardian.

NAME	RELATIONSHIP TO STUDENT	HOME PHONE #	CELL PHONE #

2 ND NAME	RELATIONSHIP TO STUDENT	HOME PHONE#	CELL PHONE#

MEDICAL INFORMATION

STUDENT NAME	List any health problems, such as asthma, diabetes, allergies, etc.	Describe any physical restrictions your child may have.	Does your child require medication during school hours?***

*** If yes, the "Medication Administration Order" form completed by your Physician must be returned to the Guidance Office before any medication can be administered to this student.

I authorize Bishop Foley Catholic High School to secure medical care for my student(s) in the event of serious illness or accident when I or the other persons listed above cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is to be handled by me.

➔ _____
Father's/Guardian Name - Print Father's/Guardian's Signature Date

➔ _____
Mother's/Guardian Name - Print Mother's/Guardian's Signature Date