

STUDENT INFORMATION

2025-26 St. Teresa High School

Registration Form

Check box if address has changed

For Office Use Only				
Registration Fee Date				
Check # Amt. \$				
Cash Credit Card				

Student will enter as (Please circle):	Accel. 7 th Accel. 8	th Freshman Sop	homore Jun	ior Senior	
Student Name: Last		rst Middle	N	fale: Female:	
Student Address:Street		City	State	Zip	
Student Cell Phone:		Birth Date:/_	/		
Birthplace	Jr. ł	High <u>or</u> Previous School			
Religious Preference		— Parish Church			
My student resides in		public school district.			
Race (Please circle): American In Hispanic/Latin	dian/Alaskan Asian o Multiracial/Ethr			hite n/Pacific Islander	
FAMILY INFORMATION How many	students from your fan	nily are attending St. Teres	a this year:		
Student Lives with (Please circle): Bo	th Parents Mother	Father Step-Parent	Grandparent	Other	
Father or Guardian's Information: Name: Dr. or Mr.		E-Mail A	ddress:		
Address: (if different from student)					
Home Phone:		Cell :			
Marital Status (Please Circle): Single Place of Employment:		·	ed Remarried	Other	
Business Address:		•			
Mother or Guardian's Information: Name: Dr. Miss Mrs. Ms.		E-Mail <i>A</i>	.ddress:		
Address: (if different from student)					
Home Phone:		Cell:			
Marital Status (Please Circle): Single	Married Divorced	d Separated Widowe	ed Remarried	Other	
Place of Employment:	Occupation:				
Business Address:	Business Phone:				
<u>If Applicable</u>					
Stepfather or Stepmother's Name	Occupation	Name of Busin	ess	Cell Phone	

Name:	Relationship to S	Student:		
Address:				
Does your child have a	current Individual Education Program (IE	EP) for Special Education?	Yes No No	
Has your child ever had	d an Individual Education Program (IEP)	for special education consid	leration? Yes No No	
	ation: In case of illness or emergency, pleas an a parent who can give permission for you			
1. Name	Phone	Rela	ationship	
2. Name	Phone	Rela	ationship	
Family Doctor	Phone	Pre	Preferred Hospital	
Known Allergies/Medical C	Conditions			
Grandparent Information Name:	Address:	Email:	Phone:	
Name:	Address:	Email:	Phone:	
Name:	Address:	Email:	Phone:	
The student agrees t cooperate with the adi scholarship and in pro	GN AS INDICATED: We understand that Steason of deficiency in scholarship, unsatisfact to comply with the regulations and ministration officers, faculty and study amoting the general welfare of St. Teres a student at St. Teresa subject to the	ory conduct, or for any other just requirements of St. Tellents in maintaining high esa High School. It is und	resa High School and to standards of conduct and	
Signature of Father/Guardian		Signature of Mother/Guardian		

Nondiscriminatory Policy St. Teresa High School admits students of any race, color, sex or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, or national and ethnic origin in the administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and school administered programs.