



# REGISTRATION FORM

East Shoreline Catholic Academy (ESCA)  
62 Cedar St., Branford, CT 06405 | 203-488-8386

PRINT FORM

For Office Use Only		
Date Received	.....	
Fee Paid	.....	
Check #	.....	
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**GENERAL INFORMATION:** A non-refundable registration fee of \$50 per child must accompany this form. Checks should be made payable to the East Shoreline Catholic Academy. Registration forms must be filled out completely. **A copy of student's Birth Certificate must accompany this form. If Catholic, a copy of your child's Baptismal certificate should also accompany this completed registration form.**

**Student Information:**

Last Name	First Name	Middle	Nickname

**Student Home Address:**

Street		City	State	Zip
Home Phone		Family Email Address		
Date of Birth		Birthplace (City, State, Country)		Grade Applying to
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Is Student a U.S. Citizen? Yes <input type="checkbox"/>		No <input type="checkbox"/>
Child lives with: Both Parents <input type="checkbox"/>		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other Individual <input type="checkbox"/>
If "other individual," please indicate Name			Relationship to child	

**Father/Guardian Information:**

(Mr./Dr.)	First Name	Last Name		
Address if different		City	State	Zip
Home Tel. # if different		Work Tel. #	Cell #	
Occupation		Employer	Email Address	
Custodial Parent		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please name custodial parent:

**Mother/Guardian Information:**

(Ms./Dr.)	First Name	Last Name		Maiden
Address if different		City	State	Zip
Home Tel. # if different		Work Tel. #	Cell #	
Occupation		Employer	Email Address	
Custodial Parent		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please name custodial parent:

**Other children in family:**

Name	Age	Grade	School attending

Please specify if a language other than English is spoken at home:			
How did you hear about this school?	Website <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Friends/Family <input type="checkbox"/>
Other (please specify)			

**Federal guidelines require us to record the Race/Ethnicity of every child. You must answer the following question and then indicate your race. Hispanic is considered an ethnicity and not a racist group.**

Hispanic/Latino <input type="checkbox"/>	American Indian <input type="checkbox"/>	Alaska Native <input type="checkbox"/>	Black/African American <input type="checkbox"/>	Hawaiian Native/Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>
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**Religious Information:**

Religion of: Student	Father	Mother	Guardian
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**If Catholic, please list the parish(es) or church your family is registered with or regularly attends:**

Parish/Church	Town	
If Catholic, does your family contribute to your parish via the envelope system? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Catholic, please provide the following information concerning the applicant:		
Baptismal Date	Name of Church	Town, State
First Communion Date	Name of Church	Town, State
Confirmation Date	Name of Church	Town, State
If not Catholic, please note denomination		

**Academic Background: Please list all schools the registrant has previously attended.**

School Attended	Grade Completed	List Years Attended	Reason for Leaving

Has your child ever been expelled or refused admission or readmission by any school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state the name of the school, and the reason for the action.		
Has your child ever received or been evaluated for Special Education Services in a private or public setting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please identify below who did the evaluation, and provide a brief description of the services required and the services provided:		
Has your child ever undergone psycho-educational testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide a brief description of the testing done.		
Name and Address of the tester		

**Busing Information:**

Will your child require busing?	No <input type="checkbox"/>	Yes: A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>	Both <input type="checkbox"/>
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I hereby give East Shoreline Catholic Academy the right to contact any previously attended school in regards to the recent enrollment of my child. I hereby authorize said school to supply any and all information requested. I release all persons, companies and corporations supplying and receiving such information to East Shoreline Catholic Academy, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information. I hereby certify that the information submitted in the application process, including this registration form is true. I understand that if it is determined that any information I have provided is false, the admission of my child may be revoked, or if my child is already in attendance, he or she may be subject to immediate expulsion.

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**Parent or Guardian Signature**
**Date**


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**Parent or Guardian Signature**
**Date**