



# REGINA DOMINICAN

701 Locust Road, Wilmette, IL , 60091- Phone 847-256-7660 Fax 847-256-3726

## ACCELERATED MATH STUDENT REGISTRATION FORM

*Submit this completed form to the student's current Mathematics teacher who will then submit to Regina Dominican.*

### PLEASE PRINT

#### Student Information

Legal Name: Last	First	Middle	Nickname
Address			
City, State, Zip			
Home Phone #	Student's Cell Phone #	Date of Birth	Current Grade:
Religion and Parish	School District #	Grammar School	

#### Student Lives With

- A) Both Parents\_\_\_\_ B) Mother Only\_\_\_\_ C) Father Only\_\_\_\_ D) Mother & Stepfather\_\_\_\_ E) Father & Stepmother\_\_\_\_  
F) Grandparents\_\_\_\_ G) Aunt and/or Uncle\_\_\_\_ H) Other\_\_\_\_

#### Parent / Guardian Information

<b>Father</b> ____ <b>Stepfather</b> ____ <b>Legal Guardian</b> ____ <b>Deceased (please list date)</b> _____ Name (Last, First, Middle) _____ Address _____ Home Phone# _____ Cell Phone # _____ Email Address _____ Work Phone# _____
<b>Mother</b> ____ <b>Stepmother</b> ____ <b>Legal Guardian</b> ____ <b>Deceased (please list date)</b> _____ Name (Last, First, Middle) _____ Maiden Name _____ Address _____ Home Phone# _____ Cell Phone # _____ Email Address _____ Work Phone# _____

#### Custody

If separated or divorced please check the appropriate legal guardian status for your daughter: Joint custody\_\_\_\_ Mother Only\_\_\_\_ Father Only\_\_\_\_  
Other (Please list) \_\_\_\_\_

**Educational Considerations**

Does student have a diagnosed learning disability or current IEP? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Emergency Contact Information** The person listed below will be contacted only if parent/guardian cannot be reached. If neither parent/guardian nor emergency contact can be reached, I authorize the school administration to take such emergency action as may be deemed necessary.

Name	Relationship to student	Telephone Number
_____	_____	_____
_____	_____	_____

Doctor Name and Telephone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Alumnae Information** (Please list sisters, mother, stepmother, aunts or other members of your immediate family who have attended or are attending Regina Dominican.)

Name	Relationship to Student	Class of
_____	_____	_____
_____	_____	_____

**Siblings**

Name	Relationship to Student	Age
_____	_____	_____
_____	_____	_____

**Principal and Math Teacher Signature** (All students participating in accelerated math, must have the approval of their grade school Principal and current math instructor. Signature must be recorded below.)

Principal	Date
Math Instructor	Date

By signing in this box, I certify that all of the information contained on this form is accurate.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Submit this completed form to the student's current Mathematics teacher who will then submit to Regina Dominican.*

*Mary Stenson, Curriculum Lead, mstenson@rdpanthers.org*