

ST. FRANCIS XAVIER SCHOOL
219 19th St. NW, Buffalo, MN 55313
Phone: 763-684-0075 Fax: 763-684-4771

Office Use Only:
Reg Fee Paid: _____
CEC Received: _____

GRADES K-8 REGISTRATION

School Year: _____ Student's Grade in Fall: _____

Household Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Primary Email _____

Child's Legal Name _____ Preferred Name _____
First Middle Last

Birthdate _____ Male ___ Female ___ Religion/Parish _____

***Please include a copy of your child's birth certificate with registration.**

Baptism _____
Date Church City State

Eucharist _____
Date Church City State

Child's Resides in School District: _____

If transfer student, list contact person/email for school records: _____

Father's Name _____ Mother's Name _____
First Last First Last

Address _____ Same as Above Address _____ Same as Above

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Occupation _____ Occupation _____

Cell Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Work Phone (_____) _____

E-mail Address _____ E-mail Address _____

Religion _____ Religion _____

Parish/Church _____ Parish/Church _____

Permission:

I have received “Minnesota Department of Health Potassium Iodide (KI): What it is and what it does”.

My child: MAY _____ MAY NOT _____ receive potassium iodide at the recommended dose as directed by the Minnesota Department of Health, in the event of a nuclear incident at the Monticello Nuclear Power Plant.

My child has a known iodine allergy: _____ Yes _____ No

(Students without completed permission forms will not be offered KI in the event of a nuclear incident.)

St. Francis Xavier School admits students of any race, religion, and national or ethnic origin.

The following information regarding the ethnic background of your child is requested for statistical purposes only. Providing this information is purely optional and has no bearing on acceptance to St. Francis Xavier School.

Ethnicity

Please check all that apply for your child:

_____ African/African American _____ American Indian/Alaska Native _____ Asian
_____ Black/African American _____ Hispanic _____ Hispanic Latino _____ Middle Eastern
_____ Native Hawaiian/Pacific Islander _____ White _____ Unknown

Race

Please check all that apply for your child:

_____ American Indian/Alaskan Native _____ Asian _____ Black/African American
_____ Pacific Islander/Native Hawaiian _____ Hispanic _____ White _____ Other

The undersigned requests admission for the above-named child and hereby agrees to the tuition, policies, and procedures of St. Francis Xavier School.

Parent/Guardian Signature

Date Signed

Was there a family that influenced your decision to register at St. Francis Xavier School? If so, please let us know who we may thank for their referral (optional) _____.