



# NEWARK CATHOLIC HIGH SCHOOL

FAITH • KNOWLEDGE • SERVICE

[www.newarkcatholic.org](http://www.newarkcatholic.org)

**A \$25 non-refundable registration fee must accompany this form. If submitted to the school office before December 2, 2019 at 3 pm, the fee is waived.**

<b>NC use only</b>	<b>Payment</b>
Submission Date _____	<input type="checkbox"/> Cash
Student ID # _____	<input type="checkbox"/> Check # _____
	<input type="checkbox"/> Welcome Schol./Waived

## REGISTRATION FORM

The schools of the Diocese of Columbus recruit and admit students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its education programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency-ordered, or public school district-initiated desegregation. Ohio's Racial Nondiscriminatory Rules for Non Public Schools OCA 3301-39-01-3301-39-04

Student Last Name		First Name		Middle Name		Called Name	
Last Name Suffix (Jr, III, etc.)		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <i>(this is not required, but helps with government forms)</i>			<input type="checkbox"/> Hispanic
				<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	
				<input type="checkbox"/> American Indian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multiracial	
Birthdate		Born in (City, State)		School District of Residence		County of Residence	
Street Address of Residence				City		Zip	
Mailing Address		<input type="checkbox"/> Same as address of residence, or:		City		Zip	
Primary Phone			Primary Email Address			(please print neatly)	
Parent 1/Primary		<input type="checkbox"/> Should this parent receive email and mailings?		Parent Full Name		Parent 2	
						<input type="checkbox"/> Should this parent receive email and mailings?	
Address		<input type="checkbox"/> Check here if same as student, or:		Parent Mailing Address (street, city, zip)		Address	
						<input type="checkbox"/> Check here if same as student, or:	
Cell Phone		Work Phone		Parent Phone Contact (incl. area code)		Cell Phone	
						Work Phone	
Employment			Parent Place of Employment			Employment	
Email			Parent Email			Email	
Home Status		Student resides with:		Student's custodial parent (if divorced):		If the student resides with someone other than their parent or has a legal guardian, please provide name(s) and relationship:	
<input type="checkbox"/> Parents married to each other	<input type="checkbox"/> Both parents, together	<input type="checkbox"/> Both parents, separately	<input type="checkbox"/> Parent 1				
<input type="checkbox"/> Parents divorced	<input type="checkbox"/> Both parents, separately	<input type="checkbox"/> Parent 1 only	<input type="checkbox"/> Parent 2				
<input type="checkbox"/> Father deceased	<input type="checkbox"/> Parent 2 only	<input type="checkbox"/> Other					
<input type="checkbox"/> Mother deceased							