



DOMINICAN CATHOLIC SCHOOL

114 Chalan Pale Ramon Lagu, Rt.1 Yigo, Guam 96929

Tel.# (671) 653-3021/653-3140 Fax # (671) 653-3090

admissions@dcsguam.com www.dcsguam.com

REGISTRATION FORM FOR SCHOOL YEAR _____

☐ **Returning Student**

☐ **New Student**

Last School Attended: _____

Last Grade Completed: _____

Entering Grade Level: _____

Please Identify:

Chamorro _____ **Filipino** _____
Caucasian _____ **Japanese** _____
Chinese _____ **Korean** _____
Vietnamese _____ **Black** _____
Spanish _____ **Hawaiian** _____
Micronesian _____ **Mexican** _____
Other: Specify: _____

Military Dependent:

Air Force _____ **Navy** _____
Marines _____ **Army** _____
Coast Guard _____
National Guard _____

Village of Residency: _____

Parish: _____

Student Name: _____

Date Enrolled: _____

Home Address: _____

Mailing Address: _____

Gender: _____ **Male** _____ **Female** _____

Home #: _____

Date of Birth : _____ **Age:** _____

Place of Birth: _____

Citizenship: _____

Religion: _____

Primary Language: _____

Secondary Language: _____

Please indicate if student living with: _____ **both parents** _____ **father** _____ **mother** _____
_____ **guardian**

Father's Name: _____

Religion: _____

Address: _____

Home Phone: _____

Occupation: _____

Work Phone: _____

Employer's Address: _____

Email Address: _____

Mother's Name: _____

Religion: _____

Address: _____

Home Phone: _____

Occupation: _____

Work Phone: _____

Employer's Address: _____

E-mail Address: _____

If student living with Guardian please complete information below:

Guardian's Name: _____

Relation to Student: _____

Address: _____

Home Phone: _____

Occupation: _____

Work Phone: _____

Employer's Address: _____

E-mail Address: _____



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Person(s) responsible in relation to the student's financial obligation at Dominican Catholic School:

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Additional Person(s) who may be called in case of an emergency and/or pick-up your child from school:

Name: _____ **Relation to Student:** _____

Address: _____ **Tel. No.** _____

Name: _____ **Relation to Student:** _____

Address: _____ **Tel. No.** _____

Name: _____ **Relation to Student:** _____

Address: _____ **Tel. No.** _____

Agreement

I/We, the parent(s)/guardians of _____ hereby agree to abide to the rules and regulations of Dominican Catholic School as stipulated in the Student Parent Handbook of Dominican Catholic School. I/We pledge my/our support of the school policies as stipulated therein. I/We agree to conform to any new regulation(s) that may be formulated for the good of the students and the school. I/We fulfill my/our financial obligations to the school. I/We understand that if we fail to settle my/our financial obligations, I/We may be asked to withdraw my/our children.

ONLY UPON PAYMENT OF REGISTRATION, INSTRUCTIONAL AND TUITION FEE SHALL A STUDENT BE CONSIDERED ENROLLED.

Parent's/Guardian's Printed Name: _____

Signature: _____

Date: _____



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STUDENT EMERGENCY INFORMATION SCHOOL YEAR _____

Name: _____ Grade _____

Gender: ☐ Male ☐ Female Age: _____ Birthday: _____

Is your child allergic to any food/medication? ☐ yes ☐ No
If yes, please specify: _____

Is there a particular problem that we need to be aware of? ☐ yes ☐ No
If yes, please specify: _____

Father's Name: _____ Mother's Name: _____
Home Ph: _____ Wk Ph: _____ Home Ph: _____ Work Ph: _____

Additional persons who may be called in case of an emergency and/or pick-up your child from school:

Name: _____	Relationship: _____	Tel No. _____
Name: _____	Relationship: _____	Tel. No. _____
Name: _____	Relationship: _____	Tel No. _____
Name: _____	Relationship: _____	Tel. No _____

In case of emergency, illness or accident, the school is authorized to proceed as indicated below:

☐ Contact Father: Contact Numbers: _____
☐ Contact Mother: Contact Numbers: _____
☐ Contact Family Physician: _____ Phone No.: _____

Physician's Name

☐ Take Child to emergency hospital.
☐ Other desired procedures: _____

Parent/Guardian: _____ Date: _____
Signature: _____