St. Susanna Parish School Application Checklist

Please read and review the following documents:

- Welcome Letter
- Admissions Policy

Items to be completed and submitted to the school office:

- ☐ **Registration form** (filled out in its entirety)
- ☐ **Registration fee** ($100 for one student or $150 for two or more. Nonrefundable fee that can be paid via cash, check (made payable to St. Susanna School) or through Online Giving portal on parish website- New Student Registration Fee)
- ☐ **Birth certificate** (copy only)
- ☐ **Baptismal certificate** (copy only, required if baptized Catholic)
- ☐ **Immunization records**
- ☐ **Custody documents** (if applicable)
- ☐ **Release of records** (when registering for grades 1-8 only or repeating kindergarten)

St. Susanna Parish School Registration Form
2026-2027

Please print legibly in blue or black ink. **ALL FIELDS MUST BE COMPLETED**. Registration must be accompanied with registration fee, an official birth certificate, baptismal records (if applicable) and current immunization records.

Student Information:

Legal name of student (as it appears on birth certificate):

_____

(First) (Middle) (Last)

Nickname: _____ Date of Birth (mm/dd/yy): _____

Gender: ☐ Male ☐ Female Current Grade Level: _____ Expected Grade Level: _____

Ethnicity: ☐ White/Non-Hispanic ☐ Black/Non-Hispanic ☐ Hispanic ☐ Multi-Racial ☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native ☐ Not Specified

What language does your child speak most frequently? _____

What language do you speak most frequently to your child? _____

Religion: _____ Registered at which parish? _____

School Information:

Public School District/Building of student's residence: _____

School currently attending: _____

Is your child currently receiving any of the following special services? ☐ ESL ☐ Gifted ☐ IEP/ISP
☐ Reading Specialist ☐ Math Specialist ☐ Speech/Language ☐ 504/Accommodation Plan

Is this student presently suspended or expelled from another school district? ☐ Yes ☐ No

If yes, name of school and district: _____

Has the student ever been retained? ☐ Yes ☐ No If Yes, grade level retained: _____

Name/City of previous school(s) and grade (s) attended:

1. _____ Grade(s): _____

2. _____ Grade(s): _____

Family Information:

Primary Phone: ( ) _____ Primary Email:_____

Street: _____

City: _____ State: _____ Zip Code: _____

Status of Parents: ☐Married ☐Separated ☐Divorced ☐Never Married ☐Mother Deceased ☐Father Deceased

Are you the natural parents of the child? ☐ Yes ☐No Are you the adoptive parents of the child? ☐Yes ☐No

If the mother and father's addresses are different, who has legal custody of the child? _____

Parent/Guardian: Name: _____
(First) (Last)

Relationship to student: ☐Father ☐Mother ☐Legal Guardian ☐Stepfather ☐Stepmother ☐Other: _____

Address (if different than student):

Street: _____

City: _____ State: _____ Zip Code: _____

Mobile Number: ( ) _____ Work Number: ( ) _____

Home Email Address:_____ Work Email Address: _____

Religion: _____

Occupation: _____ Employer: _____

Parent/Guardian: Name: _____
(First) (Last)

Relationship to student: ☐Father ☐Mother ☐Legal Guardian ☐Stepfather ☐Stepmother ☐Other: _____

Address (if different than student):

Street: _____

City: _____ State: _____ Zip Code: _____

Mobile Number: ( ) _____ Work Number: ( ) _____

Home Email Address:_____ Work Email Address: _____

Religion: _____

Occupation: _____ Employer: _____

Please list siblings and expected entry year at St. Susanna(MM/YY): _____

_____

Please list the ministries at St. Susanna Parish in which you have been active during the past year: _____

_____

_____

St. Susanna Parish School admits students of any race, color, and national or ethnic origin. This school complies with The Decree on Child Protection which is promulgated by the Archbishop of Cincinnati. Our fingerprinting policy includes manual fingerprinting for employees and electronic background checks for all employees and volunteers.

Certain information requested is mandated under Senate ORC Bill 140 and Education Management Information System (Sections 3301-0714).

I, the undersigned, do hereby state and declare under penalty of falsification that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

Signature of Parent/Guardian: _____ Date: _____

Additional Guardians (if applicable):

Parent/Guardian: Name: _____
(First) (Last)

Relationship to student: ☐Father ☐Mother ☐Legal Guardian ☐Stepfather ☐Stepmother ☐Other: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Mobile Number: ( ) _____ Work Number: ( ) _____

Home Email Address: _____ Work Email Address: _____

Religion: _____

Occupation: _____ Employer: _____

Parent/Guardian: Name: _____
(First) (Last)

Relationship to student: ☐Father ☐Mother ☐Legal Guardian ☐Stepfather ☐Stepmother ☐Other: _____

Address (if different than student):

Street: _____

City: _____ State: _____ Zip Code: _____

Mobile Number: ( ) _____ Work Number: ( ) _____

Home Email Address: _____ Work Email Address: _____

Religion: _____

Occupation: _____ Employer: _____

St. Susanna Parish School
500 Reading Road, Mason, OH 45040
Telephone: (513) 398-3821 ext. 3108 Fax: (513) 398-1657
admissions@stsusanna.org

Archdiocese of Cincinnati
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I, _____(Parent/Guardian/Adult Student) do authorize St. Susanna Parish School to release the records checked below of:

Student Name	**Grade**	**Date of birth**

To be released TO:
St. Susanna Parish School

500 Reading Rd

Mason OH, 45040

To be released FROM:
School:_____

Address: _____

Fax/Email:_____

RECORDS TO BE RELEASED ___ ALL RECORDS* **OR** ___ ONLY items checked below

___ Academic ___ Attendance ___ Suspension/Expulsion

___Special Education ___ Health/Immunization/Medical/Nursing

___ Behavioral ___ Psychological Testing ___ other _____

By signing this authorization, I relieve the school, which the above named student was attending, of the responsibility of notifying me the records are being transferred. I also authorize the school, which the above-named student was attending, to discuss matters pertaining to the student with representatives of the school to which the records are being transferred.

_____

Signature: Parent/Legal Guardian/Adult Student **Date**

_____

Print Name

*"ALL RECORDS" means: Academic records (Transcript/Report Cards/Permanent Record Card/Standardized Test and Proficiency Scores/Birth Certificate), Attendance Records, Suspension and Expulsion Records, Special Education Records, Behavioral Records (behavioral plans), Psychological Testing/Records, and Health/Immunization/Medical and Nursing Records.