

New Student Registration Form

2020-21 School Year (Hakha Chin)



A SETON CATHOLIC SCHOOL

Siahngakchia Konglam - Part 1

Nan fa le birth certificate i acuan ning te khan anmin nan tial lai.

Min Thok:

Min Lai:

Min Dongh::

Min Auh Nan Duh Dan:

Nu/Pa Nu Pa

Chuah Kum (MM/DD/YYYY):

Biaknak:

Parish:

Min ap nan rat tikah birth certificate si lo le passport kha sianginn office ah ken ding si lai.

Birth certificate provided Passport provided

Siahngakchia konglam- Pa 2nak

Cataang 20-21 (zahpe pakhat in)

3K 4K 5K 1st 2nd 3rd 4th 5th 6th 7th 8th

Primary Residence Street Address:

Primary Residence City, State, Zip:

Zei bantuk Miphun dah si Hispanic or Latino?

Si
Si lo

Race (zahpe pakhat in)

White Black or African American
Asian American Indian or Alaska Native
Native Hawaiian / Other Pacific Islander

Sianginn thing/hlun (if applicable)

Sianginn thing/hlun Min

City, State

A Unau Min pawl tial nak (Min, Kum, Sianginn)

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Nu/Pa 1	
Min Dihlak (Min donghnak, Min hramthok):	
Siahngakchai he ipehtlaihna: <input type="checkbox"/> Anu <input type="checkbox"/> Apa <input type="checkbox"/> Chungkhat <input type="checkbox"/> Adang:	
Inn Adress (ahlan nan um nak he akhah lawh lo ahcun):	
City, State, Zip:	
Hman deuhmi Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Pahnihnak Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Pathumnak Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address:	
Na riantuan nak Min :	Na rian:
Biaknak:	Parish:
Siang inn ah zeiholh in dah chawnh/holh na duh.:	

Nu/Pa 2	
Min Dihlak (Min donghnak, Min hramthok):	
Siahngakchai he ipehtlaihna: <input type="checkbox"/> Anu <input type="checkbox"/> Apa <input type="checkbox"/> Chungkhat <input type="checkbox"/> Adang:	
Inn Adress (ahlan nan um nak he akhah lawh lo ahcun):	
City, State, Zip:	
Hman deuhmi Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Pahnihnak Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Pathumnak Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address:	
Na riantuan nak Min :	Na rian:
Biaknak:	Parish:
Siang inn ah zeiholh in dah chawnh/holh na duh.:	

*Theihding: Pakhatkhat zunglei ah maw, court lei in item/ca pakhatkhat nan ngah si cun, sianginn ah rak pek/theih tar ding asi lai.

Nu/Pa 3 (if applicable)	
Min Dihlak (Min donghnak, Min hramthok):	
Siahngakchai he ipehtlaihnak: <input type="checkbox"/> Anu <input type="checkbox"/> Apa <input type="checkbox"/> Chungkhat <input type="checkbox"/> Adang:	
Inn Adress (ahlan nan um nak he akhah lawh lo ahcun):	
City, State, Zip:	
Hman deuhmi Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Pahnihnak Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Pathumnak Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address:	
Na riantuan nak Min :	Na rian:
Biaknak:	Parish:
Siang inn ah ze i holh in dah chawnh/holh na duh.:	

Nu/Pa 4 (if applicable)	
Min Dihlak (Min donghnak, Min hramthok):	
Siahngakchai he ipehtlaihnak: <input type="checkbox"/> Anu <input type="checkbox"/> Apa <input type="checkbox"/> Chungkhat <input type="checkbox"/> Adang:	
Inn Adress (ahlan nan um nak he akhah lawh lo ahcun):	
City, State, Zip:	
Hman deuhmi Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Pahnihnak Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Pathumnak Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address:	
Na riantuan nak Min :	Na rian:
Biaknak:	Parish:
Siang inn ah ze i holh in dah chawnh/holh na duh.:	

*Theihding: Pakhatkhat zunglei ah maw, court lei in item/ca pakhatkhat nan ngah si cun, sianginn ah rak pek/theihtar ding asi lai.

Emergency Chawhnak 1 Nu/pa an i manh lo tikah ahodah kan chawnh khawh hna lai..

Min Dihlak (Min Donghnak, Min Hramthok)

Siahngakchia he ipehtlainnak:

Sianginn don angah lai maw? Yes No

Hmancem mi Phone Number:

Cell Home Work

Pahnihnak Phone Number:

Cell Home Work

Pathumnak Phone Number:

Cell Home Work**Emergency Contact 2** Nu/pa an i manh lo tikah ahodah kan chawnh khawh hna lai..

Min Dihlak (Min Donghnak, Min Hramthok)

Siahngakchia he ipehtlainnak:

Sianginn don angah lai maw? Yes No

Hmancem mi Phone Number:

Cell Home Work

Pahnihnak Phone Number:

Cell Home Work

Pathumnak Phone Number:

Cell Home Work**Emergency Contact 3** Nu/pa an i manh lo tikah ahodah kan chawnh khawh hna lai..

Min Dihlak (Min Donghnak, Min Hramthok)

Siahngakchia he ipehtlainnak:

Sianginn don angah lai maw? Yes No

Hmancem mi Phone Number:

Cell Home Work

Pahnihnak Phone Number:

Cell Home Work

Pathumnak Phone Number:

Cell Home Work**Emergency Contact 4** Nu/pa an i manh lo tikah ahodah kan chawnh khawh hna lai..

Min Dihlak (Min Donghnak, Min Hramthok)

Siahngakchia he ipehtlainnak:

Sianginn donngah lai maw? Yes No

Hmancem mi Phone Number:

Cell Home Work

Pahnihnak Phone Number:

Cell Home Work

Pathumnak Phone Number:

Cell Home Work

Student angamdang nak kong

Zaangfah tein zawtnak anei maw, aneih cun zeibantuk zawtnak dah an si:

Allergies ai ziaak/tehlo mi a neih mi paw (silei zong (medications) rawllei zong, adangdang):

Kahin Si/medications pawl kong tial ding:

Si an dinmi paohpoah kha sianginn theihtar ding si lai, mah si a dinmi kha ca/form kha siang inn ah ap/pek ding asi lai

Medication authorization attached

Nan fa le kahkuaisi/ immunization records/ca kha pek ding asi lai.

Immunization records attached

Abiapituk Mi Biahal Nak

Nan fa le ahlan ah sianginn an kainak ah tha tein zohkhenh hau mi an si maw? An si ahcun, kan sianginn zong nih kan zoh khenh ve hna lai.

Pakhat in zah rak pe:

Ka fa cu special/tha tein zohkhenh hau/chimhhau mi a si bal lo.

Ka fa cu mahhi Individualized Education Program ah a um mi si (IEP) - please attach Issuing school district:

Ka fa cu zohkhenh hau mi a si - please attach Issuing school district:

ka fa cu achuahkaa in kum 3 si tiang zohkhenh mi asi.

Parent Attachments - mahkahin pakhat in zah pek ding.

- Medication authorization form
- Custodial or court-ordered restrictions
- IEP, 504 or other special needs services plans
- Immunization/kahkuaisi chunhnak records.