

# New Student Registration Form

## 2022-23 School Year (Hakha Chin)



A SETON CATHOLIC SCHOOL

### Student Information - Part 1/Siahngakchia Konglam - Part 1

Enter the information exactly as it appears on your child's birth certificate/Nan fa le birth certificate i acuan ning te khan anmin nan tial lai.

First Name:/Min Thoknak:

Middle Name:/Min Lai:

Last Name:/Min Donghnak:

Prefers to be called:/Min auh na duh ning/zei tin dah kan in auh la:

Gender/Nu/Pa  Male/Pa  Female/Nu

Date of Birth/Chuah nithla le kum (MM/DD/YYYY):

Religion:/Biaknak:

Parish:

Please present your child's birth certificate or passport to the school office upon submission of this packet:Min up nan rat tikah birth certificate si lo le passport kha sianginn office ah ken ding si lai.

Birth certificate provided: Chuah nithla laughter nak ca  Passport provided: Passport

### Student Information - Part 2/Sianhgakchia konglam- Pa 2nak

Grade applying for 22-23 (check one)/Cataang 21-22 (zahpe pakhat in)

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

Primary Residence Street Address:

Primary Residence City, State, Zip:

Is your student Hispanic or Latino? Hispanic maw na si Latino dah?

Yes/Si  
 No/Si lo

Race (check all that apply)Miphun (atang i miphun min lak ah hin na miphun mi zawn ah zah rak pe)

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

Previous School (if applicable)/Sianginn thing/hlun (St. Roman sianginn hlan ah sianginn dang na kai cang asi ah cun a tang ca hi phih ding asi lai i sianginn dangah na kai bal lo ah cun phih a hau lo)

Previous school name/Sianginn thing/hlun Min:

City, State

Please List Siblings (Name, Age, School)/ Atang zawn ah hin a unau dang sianginn a kai ve mi (Min, Kum, Sianginn min) ttial hna

|  |
|--|
|  |
|--|

| Parent/Guardian 1/Nu/Pa 1  |                     |
|--|---------------------|
| Full Name (Last, First):/Min Dihlak (Min donghnak, Min hramthok):  |                     |
| Relationship to Student:/Sianghngakchia he ipehtlaihnak: <input type="checkbox"/> Mother/Anu <input type="checkbox"/> Father/Apa<br><input type="checkbox"/> Guardian/Chungkhat <input type="checkbox"/> Other:/Adang: |                     |
| Street Address (if different from student primary address):/Inn Adress (acung i sianghngakchia address na ttial mi he ai khah lo ah cun na address ttial ding asi la):   |                     |
| City, State, Zip:  |                     |
| Preferred Phone Number:Hman deuhmi Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   |                     |
| Secondary Phone Number:/Pahnihnak Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work  |                     |
| Alternate Phone Number:/Pathumnak Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work  |                     |
| Email Address:   |                     |
| Employer Name:/Na riantuan nak Min :   | Job Title:/Na rian: |
| Religion:/Biaknak:   | Parish:             |
| Preferred Language for school communications:/Sianginn he pehtlaihnak caah ze holh in dah chawnh na duh?   |                     |

| Parent/Guardian 2/Nu/Pa 2  |                     |
|--|---------------------|
| Full Name (Last, First):/Min Dihlak (Min donghnak, Min hramthok):  |                     |
| Relationship to Student:/Sianghngakchia he ipehtlaihnak: <input type="checkbox"/> Mother/Anu <input type="checkbox"/> Father/Apa<br><input type="checkbox"/> Guardian/Chungkhat <input type="checkbox"/> Other:/Adang: |                     |
| Street Address (if different from student primary address):/Inn Adress (acung i sianghngakchia address na ttial mi he ai khah lo ah cun na address ttial ding asi la):   |                     |
| City, State, Zip:  |                     |
| Preferred Phone Number:Hman deuhmi Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   |                     |
| Secondary Phone Number:/Pahnihnak Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work  |                     |
| Alternate Phone Number:/Pathumnak Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work  |                     |
| Email Address:   |                     |
| Employer Name:/Na riantuan nak Min :   | Job Title:/Na rian: |
| Religion:/Biaknak:   | Parish:             |
| Preferred Language for school communications:/Sianginn he i pehtlaihnak caah ze holh in chawnh na duh?   |                     |

\*Note: If there are custody documentation items or court-ordered restrictions, provide a copy to the office upon registration./\*Theihding: Pakhatkhat zunglei ah maw, court lei in item/ca pakhatkhat nan ngah asi cun, sianginn ah rak pek/theih tar ding asi lai.

| Parent/Guardian 3 (if applicable)/Nu/Pa 3 (if applicable)   |                     |
|---|---------------------|
| Full Name (Last, First):/Min Dihlak (Min donghnak, Min hramthok):   |                     |
| Relationship to Student:/Sianghngakchai he i pehtlaihnak: <input type="checkbox"/> Mother/Anu <input type="checkbox"/> Father/Apa<br><input type="checkbox"/> Guardian/Chungkhat <input type="checkbox"/> Other:/Adang: |                     |
| Street Address (if different from student primary address):/Inn Adress (acung i sianghngakchia address na ttial mi he ai khah lo ah cun na address ttial ding asi la):  |                     |
| City, State, Zip:   |                     |
| Preferred Phone Number:/Hman deuhmi Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   |                     |
| Secondary Phone Number:/Pahnihnak Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   |                     |
| Alternate Phone Number:/Pathumnak Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   |                     |
| Email Address:  |                     |
| Employer Name:/Na riantuan nak Min :  | Job Title:/Na rian: |
| Religion:/Biaknak:  | Parish:             |
| Preferred Language for school communications:/Sianginn he i pehtlaihnak caah ze i holh in dah chawnh na duh?  |                     |

| Parent/Guardian 4 (if applicable)/Nu/Pa 4 (if applicable)   |                     |
|---|---------------------|
| Full Name (Last, First):/Min Dihlak (Min donghnak, Min hramthok):   |                     |
| Relationship to Student:/Sianghngakchia he i pehtlaihnak: <input type="checkbox"/> Mother/Anu <input type="checkbox"/> Father/Apa<br><input type="checkbox"/> Guardian/Chungkhat <input type="checkbox"/> Other:/Adang: |                     |
| Street Address (if different from student primary address):/Inn Adress (acung i sianghngakchia address na ttial mi he ai khah lo ah cun na address ttial ding asi la):  |                     |
| City, State, Zip:   |                     |
| Preferred Phone Number:/Hman deuhmi Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   |                     |
| Secondary Phone Number:/Pahnihnak Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   |                     |
| Alternate Phone Number:/Pathumnak Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   |                     |
| Email Address:  |                     |
| Employer Name:/Na riantuan nak Min :  | Job Title:/Na rian: |
| Religion:/Biaknak:  | Parish:             |
| Preferred Language for school communications:/Sianginn he i pehtlaihnak caah ze i holh in dah chawnh na duh?:   |                     |

\*Note: If there are custody documentation items or court-ordered restrictions, provide a copy to the office upon registration./\*Theihding: Pakhatkhat zunglei ah maw, court lei in item/ca pakhatkhat nan ngah si cun, sianginn ah rak pek/theihtar ding asi lai.

**Emergency Contact 1/Emergency Chawhnak 1**

Who can be contacted in case of emergency if parents/guardians listed above are not available./Nu/pa an i manh lo tikah ahodah kan chawnh khawh hna lai.

Full Name (Last, First):/Min Dihlak (Min Donghnak, Min Hramthok):

Relationship to Student:Siangngakchia he i pehtlaihna:

Allowed to pick up from school?/Sianginn ah don angah lai maw?  Yes/Ngah  No/Ngah Lo

Preferred Phone Number:/Hmancem mi Phone Number:

Cell  Home  Work

Secondary Phone Number:/Pahnihnak Phone Number:

Cell  Home  Work

Alternate Phone Number: /Pathumnak Phone Number:

Cell  Home  Work

**Emergency Contact 2/Emergency Chawhnak 2**

Full Name (Last, First):/Min Dihlak (Min Donghnak, Min Hramthok):

Relationship to Student:Siangngakchia he i pehtlaihna:

Allowed to pick up from school?/Sianginn ah don angah lai maw?  Yes/Ngah  No/Ngah Lo

Preferred Phone Number:/Hmancem mi Phone Number:

Cell  Home  Work

Secondary Phone Number:/Pahnihnak Phone Number:

Cell  Home  Work

Alternate Phone Number: /Pathumnak Phone Number:

Cell  Home  Work

**Emergency Contact 3/Emergency Chawhnak 3**

Full Name (Last, First):/Min Dihlak (Min Donghnak, Min Hramthok):

Relationship to Student:/Siahngakchia he ipehtlaihna:

Allowed to pick up from school?/Sianginn ah don angah lai maw?  Yes/Ngah  No/Ngah Lo

Preferred Phone Number:/Hmancem mi Phone Number:

Cell  Home  Work

Secondary Phone Number:/Pahnihnak Phone Number:

Cell  Home  Work

Alternate Phone Number: /Pathumnak Phone Number:

Cell  Home  Work

**Emergency Contact 4/Emergency Chawhnak 4**

Full Name (Last, First):/Min Dihlak (Min Donghnak, Min Hramthok):

Relationship to Student:/Siangngakchia he ipehtlaihna:

Allowed to pick up from school?/Sianginn ah don angah lai maw?  Yes/Si  No/Ngah Lo

Preferred Phone Number:/Hmancem mi Phone Number:

Cell  Home  Work

Secondary Phone Number:/Pahnihnak Phone Number:

Cell  Home  Work

Alternate Phone Number: /Pathumnak Phone Number:

Cell  Home  Work

### Student Health History/Student angamdak nak kong

Please list any serious medical conditions or health problems:/Zaangfah tein zawtnak anei maw, aneih cun zeibantuk zawtnak dah an si:

Please list any allergies (please include medications, foods, etc.):/Allergies ai ziak/tehlo mi a neih mi paw (silei zong (medications) rawllei zong, adangdang):

Please list medications here./Kahin Si/medications pawl kong tial ding:

Any medications that need to be administered at school require additional authorization forms - attached./Si an dinmi paohpoah kha sianginn thehtar ding si lai, mah si a dinmi kha ca/form kha siang inn ah ap/pek ding asi lai

Medication authorization attached

Please attach a copy of your students immunization records./Nan fa le kahkuaisi/ immunization records/ca kha pek ding asi lai.

Immunization records attached

### Special Needs Questionnaire/Abiapituk Mi Biahak Nak

It is very important for us to know if your child has received any special education services in the past. It will aid us in serving your child in the best way possible./Nan fa le ahlan ah sianginn an kainak ah tha hawi hlei in zohkhenh hau mi an si maw? An si ahcun, kan sianginn zong nih kan si khawh chung in zohkhenh khawh kan i zuam ve hna lai.

Please check one:/Pakhat in zah rak pe:

My child has never received any special education services/Ka fa cu special/ hawi hlei in zohkhenh hau/chimh hau mi a si bal lo.

My child has an Individualized Education Program (IEP) - please attach/Ka fa cu mah hi Individualized Education Program ah a um mi si (IEP) - please attach  
Issuing school district: A umnak min:

My child has a Services Plan - please attach/Ka fa cu zohkhenh hau mi a si - please attach  
Issuing school district: Ahauh nak ca piah ding

My child has received services from the Birth to 3 early intervention program/Ka fa cu achuahkaa in kum 3 si tiang zohkhenh mi asi.

### How Did You Hear About Our School? Zei Tin Dah Kan Sianginn Kong Na/nan Theih?

Please let us know how you heard about our school. Check all that apply. Kan sianginn konglam nan theih khawh ning rak kan chim ve. Kan sianginn konglam theih khawhnak aruang tete kan ttial mi le na theihnak ai khat mi paoh rak kan chim/theih ter ve.

- Sianginn kong hlatlatnak(internet chung i inn cawk ding nan kawl nak bantuk khi asi)
- Ca an tar mi thawng in ka theih
- An mah sianginn(Parish) he i pehtlaih/ chawnh nak ruang in ka theih  Radio
- Thawngthanhnak in, facebook, youtube, cakuat (caw-ngia ca)  Khuachung motor(city bus) chung le acung i thawngthanhnak ca (caw-ngia) an tar mi
- Minung hawi sin in/hawikom/saya/saymah/pastor \_\_\_\_\_  Adang in \_\_\_\_\_

### Parent Attachments - check if applicable/Parent Attachments - Nulepa Caah: Adang ca pali(4) chungah na fa he ai pehtlai mi a um ah sianginn ah rak kan pe/ rak put ding asi la.

- Medication authorization form: Na fa sii din lio mi (Na fa nih sii a din lio mi kha zeii sii dah asi theih an duh. Aruang cu sianginn ah na fa pakhat khat cang sual sehlaw a din mi sii te kha rak dinh/pek ve an duh caah asi)
- Custodial or court-ordered restrictions: Police asi lo ah zung nih ca an in pek mi hna(Nu le va ai tthen mi nan si i cozah/zung nih na fa hi anu asi lo ah apa sin lawngah um seh tiah ca an in pek mi)
- IEP, 504 or other special needs services plans: Pum tlamtlin lo le dam lo ruangah na fa hawihlei in zohkhenh hau mi a si ah cun sianginn a kai hlan i siibawi te nih asi lo a zohkhenh tu (cozah/zung) nih an rak zohkhenh nak ca (record)
- Immunization records: Immunization, kahkuaisi chunhnak records