



Application for Admission

Date of Application _____ For School Year 20____ - 20____ Entering Grade _____

Child's Name _____
Last First Middle

Child's Address _____
Street City State Zip

Child Resides With: ___ Both Parents ___ Mother ___ Father ___ Other: _____

Child has a Sibling Enrolled in the School: ___ No ___ Yes (*please specify*): _____

Child's Date of Birth: Month _____ Day _____ Year _____

Guardian 1 _____ Relationship to Child _____
Last First

Home Address: _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Occupation _____

Primary E-Mail Address _____

Guardian 2 _____ Relationship to Child _____
Last First

Home Address: _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Occupation _____

Primary E-Mail Address _____

Child's Present School _____

Name City/State

School(s) Previously Attended _____

Name City/State

Name City/State

Child's Family is Actively Enrolled in a Parish: ___ No ___ Yes-Parish: _____

Sacramental Life of the Child

Baptism Date: _____ Parish: _____

Holy Communion Date: _____ Parish: _____