



# New Student APPLICATION

## 2026-2027 School Year

### For Office Use Only

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Received by: \_\_\_\_\_  
Application Fee Paid: \_\_\_\_\_  
Family Account #: \_\_\_\_\_  
Tuition Assistance: ☐ Yes ☐ No  
☐ T&T ☐ AAS ☐ ACA ☐ Other  
Received:  
☐ Transcripts  
☐ Birth Certificate  
☐ Discipline Record  
☐ Immunizations  
☐ Baptismal Record, if Catholic  
☐ Sibling Consideration  
Name(s) of Sibling(s) Attending:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_

Grade Applying To: ☐ PS 2-day ☐ K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup>  
☐ PK 3-day ☐ PK 5-day ☐ 5<sup>th</sup> ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> ☐ 8<sup>th</sup>

Please complete the entire form. Please print legibly.

Questions: Mrs. Jill Gould, Principal, or Ms. Valerie Langford, Secretary, at (636) 332-9913

| STUDENT INFORMATION  |   |   |                      |
|--|---|---|----------------------|
| Legal LAST Name  | Legal FIRST Name  | MIDDLE Name   | Preferred FIRST Name |
| Home Address (Number, Street, Apt. #)  |   |   |                      |
| City / State / ZIP   |   | Home Phone<br>(      )  |                      |
| Date of Birth (Month/Day/Year)<br>____/____/____   | Student's Social Security Number (Optional)<br>____-____-____ | Gender (check one)<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                      |
| Place of Birth (City, State and Country if not the US)   |   | Primary Language Spoken at Home   |                      |
| Student's Religion   | Church Attending (if applicable)                              | Pastor  |                      |
| Describe the family situation (check all that apply)<br><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased (Father/Mother/Both) <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Father has custody* <input type="checkbox"/> Mother has custody* <input type="checkbox"/> Joint custody* <input type="checkbox"/> Guardian has custody*<br><i>*If applicable, please submit a copy of the court-mandated parenting plan with the application.</i> |   |   |                      |
| Student lives with (please check all that apply):<br><input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother<br><input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other: _____  |   |   |                      |
| The following information <i>is optional</i> (check all that apply for the <u>student</u> )<br><input type="checkbox"/> Amer. Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pac. Island <input type="checkbox"/> White <input type="checkbox"/> Other: _____  |   |   |                      |
| Public School District in Which the Family Resides   |   | Public School Student Would Attend in District                                      |                      |
| SCHOOL BACKGROUND OF STUDENT (Include Preschool)   |   |   |                      |
| Name of School   | Address   | Grade(s)  | Reason for Leaving   |
|  |   |   |                      |
|  |   |   |                      |
|  |   |   |                      |

| SIBLING INFORMATION                                     |            |             |  |   |                 |
|---|------------|-------------|--|---|-----------------|
| Name  |            | Birth Date  | Grade in 2025-2026                               | School Attending <small>(indicate if applying here)</small> |                 |
|   |            |             |  |   |                 |
|   |            |             |  |   |                 |
|   |            |             |  |   |                 |
| PARENT / GUARDIAN INFORMATION                           |            |             |  |   |                 |
| <input type="checkbox"/> Person responsible for tuition |            |             |  |   |                 |
| Prefix  | FIRST Name | MIDDLE Name | LAST Name  | MAIDEN Name   | Preferred FIRST |
| Home Address (Number, Street, Apt.)                     |            |             |  | City / State / ZIP  |                 |
| Home Phone  |            | Cell Phone  |  | Work Phone  | Email           |
| Employer and Position                                   |            |             | Religion and Parish (or Church, if not Catholic) |   |                 |
| PARENT / GUARDIAN INFORMATION                           |            |             |  |   |                 |
| Prefix  | FIRST Name | MIDDLE Name | LAST Name  | MAIDEN Name   | Preferred FIRST |
| Home Address (Number, Street, Apt.)                     |            |             |  | City / State / ZIP  |                 |
| Home Phone  |            | Cell Phone  |  | Work Phone  | Email           |
| Employer and Position                                   |            |             | Religion and Parish (or Church, if not Catholic) |   |                 |
| STEP-FATHER INFORMATION                                 |            |             |  |   |                 |
| Prefix  | FIRST Name | MIDDLE Name | LAST Name  |   | Preferred FIRST |
| Home Address (Number, Street, Apt.)                     |            |             |  | City / State / ZIP  |                 |
| Home Phone  |            | Cell Phone  |  | Work Phone  | Email           |
| Employer and Position                                   |            |             | Religion and Parish (or Church, if not Catholic) |   |                 |
| STEP-MOTHER INFORMATION                                 |            |             |  |   |                 |
| Prefix  | FIRST Name | MIDDLE Name | LAST Name  | MAIDEN Name   | Preferred FIRST |
| Home Address (Number, Street, Apt.)                     |            |             |  | City / State / ZIP  |                 |
| Home Phone  |            | Cell Phone  |  | Work Phone  | Email           |
| Employer and Position                                   |            |             | Religion and Parish (or Church, if not Catholic) |   |                 |
| GRANDPARENT INFORMATION                                 |            |             |  |   |                 |
| Paternal Grandparent(s) Name(s)                         |            |             |  |   |                 |
| Home Address  |            |             | City / State / ZIP                               |   |                 |
| Maternal Grandparent(s) Name(s)                         |            |             |  |   |                 |
| Home Address  |            |             | City / State / ZIP                               |   |                 |

**FAMILY NAME** \_\_\_\_\_

**EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN – TWO ARE REQUIRED)**

*By listing a person as an Emergency Contact, they are also allowed to pick up the student from school.*

| Name          | Relationship to Student | Phone(s) |
|---------------|-------------------------|----------|
| #1 (required) |                         | (     )  |
| #2 (required) |                         | (     )  |
| #3 (optional) |                         | (     )  |
| #4 (optional) |                         | (     )  |

**In case of accident or serious illness where I and the people designated above are unable to be reached, I hereby authorize the school to call the physician or dentist listed and to follow his/her instructions. If the physician or dentist is unable to be contacted, the school may make whatever arrangements are deemed necessary.**

Parent/Guardian signature

Print name

Date

## ADDITIONAL INFORMATION

Has this student ever been evaluated for:

- ☐ Learning Disability      ☐ Behavioral Disorder      ☐ Speech Therapy      ☐ Physical Therapy  
☐ Occupational Therapy      ☐ Language Disability      ☐ Counseling (individual)      ☐ Counseling (family)

Date of evaluation, if checked above: \_\_\_\_\_ Place: \_\_\_\_\_

Name of evaluator: \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

Does this student have an IEP? ☐ Yes ☐ No Date Implemented: \_\_\_\_\_

*If "yes," we will need a copy of the IEP for our records.*

## SACRAMENTAL INFORMATION (CATHOLIC STUDENTS)

| Sacrament            | Date | Parish | Location |
|----------------------|------|--------|----------|
| Baptism              |      |        |          |
| First Reconciliation |      |        |          |
| First Communion      |      |        |          |
| Confirmation         |      |        |          |

**Please briefly indicate why you are seeking to enter your child in this school:**

**To the best of my/our knowledge, the above information is true and correct. (Parent(s)/guardian(s) are reminded that misrepresenting this information will hinder the school's ability to adequately care for the student.)**

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Parent/Guardian signature

Print name

Date \_\_\_\_\_

**How did you hear about St. Patrick Catholic School?**

- Archdiocese
- St. Patrick School website
- Bulletin
- School Family, Name \_\_\_\_\_

**Statement of Confidentiality:**

It is the policy of this school that all information received regarding an applicant's application will be treated with complete confidentiality. Only authorized school personnel have access to this information.

**Non Discrimination Policy:**

St. Patrick Catholic School will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. This school will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

**Upon receipt and review of completed application materials,  
all applicants will be informed of their acceptance status.**

**Contact Us**

St. Patrick Catholic School  
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[www.stpatrickwentzville.org](http://www.stpatrickwentzville.org)