



APPLICATION FOR ADMISSIONS

Today's Date: _____

Registering for Grade: _____

School Year: _____

Student Information

Last Name

First Name

Middle Name

Date of Birth

Gender

Ethnicity

Religion

Student Ethnicity (Please circle one) Hispanic, Native American/American Indian, Asian, Black, Native Hawaiian/Pacific Islander, Multi-Racial, White

Current School Information

Current School

Current Grade

School Address

Please indicate whether your child has been placed on any of the following:

☐ I.E.P. ☐ 504 Service Plan ☐ Student Plan of Service ☐ Has undergone an evaluation either through a public school district or private provider. Attach all appropriate documentation. Please explain.

Student Sacramental Information

	Date	Location
Baptism		
Reconciliation		
Eucharist		

Parents/Guardians

Last Name	First Name	Relationship to Student
User Telephone Numbers		User E-Mail Addresses
Home _____	Primary? <input type="checkbox"/>	Home _____ Primary? <input type="checkbox"/>
Mobile _____	<input type="checkbox"/>	Work _____ <input type="checkbox"/>
Work _____	<input type="checkbox"/>	

Employer	Occupation (Position)
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Parent/Guardians

Last Name	First Name	Relationship to Student
User Telephone Number		User E-Mail Addresses
Home _____	Primary? <input type="checkbox"/>	Home _____ Primary? <input type="checkbox"/>
Mobile _____	<input type="checkbox"/>	Work _____ <input type="checkbox"/>
Work _____	<input type="checkbox"/>	

Employer	Occupation (Position)
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Family Group Information

Home Phone (Family) _____ E-Mail (Family) _____

Mailing Address: _____

Address	City	State	Zip
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Adult(s) with legal custody: _____

Students live with* _____

*If student is living in a multiple household situation, please provide on a separate page the above information of each additional adult in the household(s)

Please check all that apply:

<input type="checkbox"/> Parents Married	<input type="checkbox"/> Parents separated/divorced
<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> Joint Custody
<input type="checkbox"/> Father Remarried	<input type="checkbox"/> Mother Remarried

Signature of Parent/Legal Guardian

Date

OFFICE USE ONLY

____ Birth Certificate
____ Report Cards
____ Immunization Records

____ Service Plan or IEP
____ Sacramental Certificate
____ Application Fee

Receipt # _____
Date: _____
Received by: _____