



ENROLLMENT APPLICATION

SCHOOL: _____ CITY: _____

TODAY'S DATE: _____ HOME PARISH: _____ ENTERING GRADE: _____

CHILD'S NAME: _____ GENDER OF CHILD: _____

PHONE: _____ SOCIAL SECURITY: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

SCHOOL LAST ATTENDED: _____

CHILD'S RELIGION: _____

BAPTISM DATE: _____ CHURCH: _____

RECONCILIATION: (Y/N) _____ CHURCH: _____

FIRST COMMUNION: (Y/N) _____ CHURCH: _____

CONFIRMATION: (Y/N) _____ CHURCH: _____

CHILD LIVES WITH: (Check all that apply)

BOTH PARENTS _____ MOTHER _____ FATHER _____ RELATIVE _____ GUARDIAN _____
STEPMOTHER _____ STEPFATHER _____ OTHER _____

IF MOTHER AND FATHER DIVORCED, WHO HAS LEGAL CUSTODY? _____

DO MOTHER AND FATHER HAVE JOINT CUSTODY? Y/N _____

NAME OF THE PERSON WITH WHOM YOU HAVE JOINT CUSTODY _____

CERTIFIED COPY OF CUSTODY AGREEMENT AND JOINT PARENTING AGREEMENT, IF ANY, MUST BE ATTACHED TO THIS FORM.

IS THERE A PROTECTIVE ORDER IN PLACE REGARDING YOUR CHILD? Y/N _____

CERTIFIED COPY OF PROTECTIVE ORDER MUST BE ATTACHED TO THIS FORM.

SPECIAL NEEDS

HAS THIS CHILD BEEN ATTENDING SPECIAL EDUCATION OR CHAPTER 1 CLASSES? Y/N _____

DOES THIS CHILD HAVE SPECIAL NEEDS OF WHICH THE SCHOOL SHOULD BE AWARE? Y/N _____

IF YES, PLEASE EXPLAIN _____

(Or attach explanation to this Form)

ARE THERE SPECIAL CIRCUMSTANCES ABOUT THE CHILD'S HOME OR SCHOOL SITUATION OF WHICH YOU BELIEVE THE SCHOOL SHOULD BE MADE AWARE? Y/N _____

IF YES, PLEASE EXPLAIN _____

(Or attach explanation to this Form)

FATHER'S NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PLACE OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ EMPLOYER: _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

MARRIED ___ DIVORCED ___ SEPARATED ___ DECEASED ___ REMARRIED ___ SINGLE ___

MOTHER'S NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

PLACE OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ EMPLOYER: _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

MARRIED ___ DIVORCED ___ SEPARATED ___ DECEASED ___ REMARRIED ___ SINGLE ___

IF APPLICABLE, PLEASE CHECK ONE AND COMPLETE THE FOLLOWING INFORMATION:

STEPFATHER ___ STEPMOTHER ___ GUARDIAN ___ OTHER _____

NAME: _____ MAIDEN NAME: _____

ADDRESS: _____ PHONE: _____

PLACE OF BIRTH: _____ RELIGION: _____

OCCUPATION: _____ EMPLOYER: _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

RACE OF THE CHILD: CAUCASIAN ___ BLACK ___ HISPANIC ___ AM INDIAN ___
ASIAN/PACIFIC ISLANDER ___ MULTI-RACIAL ___

(This information need for State and/or National purposes.)

THE PUBLISHED FAMILY LIST MAY INCLUDE OUR: ADDRESS _____ PHONE _____ NEITHER _____

REGISTRATION FEE OF \$ _____ PAID BY CHECK # _____ CASH

MATERIALS (BOOK) FEE OF \$ _____ PAID BY CHECK # _____ CASH

OTHER: _____

CUSTODIAL PARENT/GUARDIAN NAME: _____ SIGNATURE: _____

TUITION TO BE PAID BY _____

This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and the student/parent. The School reserves the right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued by the School (including, but not limited to, the student handbook) should be considered to be a "contract."