Phone ____

APPLICATION FOR SCHOOL REGISTRATION

This application will be considered complete only when all required supporting data (noted on the reverse side) is attached.

STUDENT DATA						ATTENDED			
Name				School					
(Last)	(First)		(Middle)	Address	S				
Address	. ,			City			Zip		
Address Zip Phone E-mail				State			Zip		
Phone	E-n	nail		Grade a	at time of with	drawal			
Lives with: Parents	_Mother	Father_	Legal Guardian	Reason	for transfer _				
Birthdate		Male	Female						
Religion									
Chruch/Parish							SPECIAL EDUCA		
Proposed Entry Grade						? YES N	IO (If "Yes"	attach a complete	
Proposed Endtry Date				descrip					
Public School Attendance Area					ALL SCHOOLS ATTENDED BY THIS STUDENT MUST BE LISTED ON THE REVERSE SIDE				
				ON TH	E REVERSE	SIDE			
PARENTS/GUARDIAN Father(Last)				<u>SACR</u>	<u>AMENTAL</u>		CITY	DATE	
Religion				BAPTI	SM				
Marital Status				EUCHA					
Mother	(First)		0.6.1.11	RECON	NCILIATION				
(Last)	` '		(Middle)						
Religion Marital Status				001111					
Address of each, if different				Date o	of Application	nn .			
· · · · · · · · · · · · · · · · · · ·				Dute	л тършеши				
FatherPhone	E-	-mail							
Mother			-	_					
MotherPhone	E	-mail					II.		
OCCUPATION:		-							
Father						CATHO	TIC DIOCESE		
FatherAddress					Catholic Diocese of Youngstown				
Phone						1	231133101111		
Mother					ΩI	ELCE OF CA	THAT IC COIL	OOLS	
Address					OFFICE OF CATHOLIC SCHOOLS				

OFFICIAL APPLICATION FORM

LIST ALL SCHOOLS PREVIOUSLY ATTENDED BY THIS STUDENT AND THE REASON FOR WITHDRAWAL.

SCHOOL	ADDRESS	DATE OF WITHDRAWAL	REASON FOR WITHDRAWAL		
All Application Materials Rec Baptismal Record Birth Certificate Medical Immunization Records from all prec Custody Documentat	on Record vious schools ion**	information is true and financial obligations to charged for the education Parent	By submitting this application I certify that all the above information is true and complete. I recognize and will meet m financial obligations to the school, tuition and fees, that are charged for the education of my child. Parent Signature Date		
	ralization Service Information**				
Parishioner Certificate Registration Fee* Special Educational of * If Locally Required	or Physical Needs Description**		ATIVE USE ONLY ncipal when all application materials are Date		
** If Applicable	-	Principal's Signature _			