

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

Name _____
 Address _____ (Last) _____ (First) _____ (Middle)
 City _____
 Phone _____ E-mail _____ Zip _____
 Lives with: _____ Parents _____ Mother _____ Father _____ Legal Guardian
 Birthdate _____ Male _____ Female _____
 Religion _____
 Church/Parish _____
 Proposed Entry Grade _____
 Proposed Entry Date _____
 Public School Attendance Area _____

PARENTS/GUARDIAN DATA

Father _____
 Religion _____ (Last) _____ (First) _____
 Marital Status _____
 Mother _____
 Religion _____ (Last) _____ (First) _____ (Middle)
 Marital Status _____
 Address of each, if different than student address.
 Father _____
 Phone _____ E-mail _____
 Mother _____
 Phone _____ E-mail _____
 OCCUPATION: _____
 Father _____
 Address _____
 Phone _____
 Mother _____
 Address _____
 Phone _____

SCHOOL LAST ATTENDED

School _____
 Address _____
 City _____
 State _____ Zip _____
 Grade at time of withdrawal _____
 Reason for transfer _____

DOES THIS STUDENT HAVE ANY SPECIAL EDUCATIONAL OR PHYSICAL NEEDS? YES _____ NO _____ (If "Yes" attach a complete description)
 ALL SCHOOLS ATTENDED BY THIS STUDENT MUST BE LISTED ON THE REVERSE SIDE

SACRAMENTAL RECORD

	PARISH	CITY	DATE
BAPTISM	_____	_____	_____
EUCCHARIST	_____	_____	_____
RECONCILIATION	_____	_____	_____
CONFIRMATION	_____	_____	_____
Date of Application	_____	_____	_____



OFFICE OF CATHOLIC SCHOOLS
 OFFICIAL APPLICATION FORM