

ST. AUGUSTINE OF CANTERBURY SCHOOL

45 Henderson Road, Kendall Park, New Jersey 08824 Phone: 732-297-6042 Fax: 732-297-7062

www.staugustinenj.org

APPLICATION FOR ADMISSION GRADES K-8 2014-2015

		FOR OFFICE USE ONLY	Date Application Rec	ceived:
		STUDENT INFORMATION (Please Print)		
Grade Entering:		_		
Last Name		First	Middle I.	Sex
Address: Street		City/Town	Zip Code	
Township of Reside	ency	Home Telephone #	Cell Phone #	<u> </u>
Place of Birth:		Date of Birth:		
Religion:				
Language Spoken	At Home: _			
Parish Affiliation:		Church	n Envelope Number: _	
List Other Schools	Attended a	nd Years:		
School:		Years:		
School:		Years:		
School:		Years:		
Educational Servic	es: Comp-E	y of the following services? Id Math ESL Submitted with Application)		
SACRAMENTAL	HISTORY			
Baptism C	hurch:	City/State:	Da	ate:
First Penance C	hurch:	City/State:	Da	ite:
First Eucharist C	hurch:	City/State:	Da	ite:
Confirmation C	h	City/Stata	Do	40.

FAMILY INFORMATION

Father: Name	Religion		
Address: Street	City/Town	Zip Code	
Township of Residency	Home Telephone #	Cell Phone #	
Father's E-Mail Address			
Occupation	Employer		
Mother: Name	Maiden Name	Religion	
Address: Street	City/Town	Zip Code	
Township of Residency	Home Telephone #	Cell Phone #	
Mother's E-Mail Address			
Occupation	Employe	r	
CHECK ALL APPLICABLE IT Parents Separated Mother Remarried Mother Deceased APPLICANT LIVES WITH	Parents Divorc	ied	
Both Parents	Mother	Father	
Legal Guardian	Relation	ship	
FAMILY MEMBERS			
# of older brothers		# of younger brothers	
#of older sisters	#of older sisters# of younger sisters		
Immediate family attendi	ng/graduated		
Name	Relationship	Year	
Name	Relationship	Year	
PLEASE INDICATE WHO WIL	L BE DIRECTLY RESPO	ONSIBLE FOR THE SCHOOL FINANCES	
Name			
Address	Pho	one#	
		S CORRECT TO THE BEST OF MY THE DISMISSAL OF THE APPLICATION	
Signature of Parent/Guardian		Date	