



APPLICATION GRADES K-8 2017-2018

FOR OFFICE USE ONLY Date Application Received: _____

STUDENT INFORMATION (Please Print)

Grade Entering: _____

Last Name First Middle I. Sex

Address: Street City/Town Zip Code

Township of Residency Home Telephone # Cell Phone #

Place of Birth: _____ Date of Birth: _____

Religion: _____

Language Spoken At Home: _____

Parish Affiliation: _____ Church Envelope Number: _____

School Presently Attending: _____

List Other Schools Attended and Years:

School: _____ Years: _____

School: _____ Years: _____

School: _____ Years: _____

Are you presently receiving any of the following services?

Educational Services: Comp-Ed ___ Math ___ ESL ___ Speech ___

Classified ___ (*IEP must be submitted with Application*)

SACRAMENTAL HISTORY

Baptism Church: _____ City/State: _____ Date: _____

First Penance Church: _____ City/State: _____ Date: _____

First Eucharist Church: _____ City/State: _____ Date: _____

Confirmation Church: _____ City/State: _____ Date: _____

PLEASE FILL OUT INFORMATION ON BACK

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 _____ **E3mployer** _____

CHECK ALL APPLICABLE ITEMS

Parents Separated **Parents Divorced**
 Mother Remarried **Father Remarried**
 Mother Deceased **Father Deceased**

APPLICANT LIVES WITH

Both Parents **Mother** **Father**

Legal Guardian _____ **Relationship** _____

FAMILY MEMBERS

_____ **# of older brothers** _____ **# of younger brothers**

_____ **#of older sisters** _____ **# of younger sisters**

Immediate family attending/graduated

Name _____ **Relationship** _____ **Year** _____

Name _____ **Relationship** _____ **Year** _____

PLEASE INDICATE WHO WILL BE DIRECTLY RESPONSIBLE FOR THE SCHOOL FINANCES

Name _____

Address _____ **Phone#** _____

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. MISINFORMATION MAY RESULT IN THE DISMISSAL OF THE APPLICATION.

Signature of Parent/Guardian _____ **Date** _____