



**PRE-K 4 APPLICATION 2019-2020**

**STUDENT INFORMATION (Please Print)**

<b>Last Name</b>	<b>First</b>	<b>Middle I.</b>	<b>Sex</b>
<b>Address: Street</b>	<b>City/Town</b>	<b>Zip Code</b>	
<b>Township of Residency</b>	<b>Home Telephone #</b>	<b>Cell Phone #</b>	
<b>Place of Birth:</b> _____	<b>Date of Birth:</b> _____		
<b>Religion:</b> _____			
<b>Language Spoken At Home:</b> _____			
<b>Parish Affiliation:</b> _____		<b>Church Envelope Number:</b> _____	
<b>School Presently Attending:</b> _____			
<b>List Other Schools Attended and Years:</b>			
_____			
_____			

**SACRAMENTAL HISTORY (If child is Catholic)**

**Baptism** Church: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD MUST BE FOUR (4) YEARS OF AGE ON OR BEFORE OCTOBER 31, 2019**

**PLEASE CIRCLE SESSION PREFERENCE**

*“1” Next To First Choice*

*“2” Next To Second Choice*

Four Year Olds	8:00-10:30 AM	Monday-Friday
Four Year Olds	8:00-2:00 PM With Enrichment	Monday-Friday With Enrichment

**ADMISSION IS CONTINGENT ON RECEIPT OF REQUIRED DOCUMENTATION:  
BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE (IF APPLICABLE) AND  
IMMUNIZATION RECORDS**

**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** \_\_\_\_\_ **Employer** \_\_\_\_\_

**CHECK ALL APPLICABLE ITEMS**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Parents Separated</b> | <input type="checkbox"/> <b>Parents Divorced</b> |
| <input type="checkbox"/> <b>Mother Remarried</b>  | <input type="checkbox"/> <b>Father Remarried</b> |
| <input type="checkbox"/> <b>Mother Deceased</b>   | <input type="checkbox"/> <b>Father Deceased</b>  |

**APPLICANT LIVES WITH**

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

**Legal Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**FAMILY MEMBERS**

- |                                  |                                    |
|----------------------------------|------------------------------------|
| _____ <b># of older brothers</b> | _____ <b># of younger brothers</b> |
| _____ <b># of older sisters</b>  | _____ <b># of younger sisters</b>  |

**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** \_\_\_\_\_