



Catholic School Application* Please print or type all information

Date: []

School Name: [] City/Town []

STUDENT INFORMATION

Student Name [] [] [] Male [] Female []

Address: [] [] [] [] [] Last First Middle Street City/State/Zip Home Phone Number

Date of Birth [] Current Grade [] Applying for Grade: []

Present School Name and Address: []

Student's Religion: [] Parish name and town: []

Have an educational plan (e.g., ISP, IEP, 504) or class modifications ever been recommended for this student? [] Yes [] No

If yes, please specify []

Siblings? [] Yes Number [] Name: [] Grade [] [] No

Name: [] Grade []

PARENT/GUARDIAN INFORMATION Name: [] Grade []

Student resides with: (please check all that apply)

[] Father [] Mother [] Stepfather [] Stepmother [] Guardian [] Other (Please specify) []

Student's parents are: [] Married [] Separated [] Divorced [] Never Married [] Widowed

If never married, divorced or separated, who has legal custody or decision-making responsibility of the student? [] Father [] Mother [] Both [] Other (please specify) []

If never married, divorced or separated, who has physical custody or residential responsibility of the student? [] Father [] Mother [] Both [] Other (please specify) []

If never married, divorced or separated, who has primary financial responsibility of the student? [] Father [] Mother [] Both [] Other (please specify) []

Correspondence should be sent to: [] Both parents [] Father only [] Mother only [] Other (please specify) []

* The school admits qualified students to its programs and does not discriminate on the basis of sex, race, color, national origin, or ethnic origin, or on the basis of disability, if with reasonable accommodation, the applicant can meet the program requirements. While the school admits students of many different religions to the school, it reserves the right to give preference in admission to Catholics.

Name of Mother

Dr. Mrs. Ms. Other (please specify)

Name:

Living Deceased

Maiden Name:

Home Address:

Cell Phone: E-mail:

Employer: Title:

Business Address: Business Phone:

Name of Father

Dr. Mr. Other (please specify)

Name:

Living Deceased

Home Address:

Cell Phone: E-mail:

Employer: Title:

Business Address: Business Phone:

If this student is under the care of a stepparent or guardian, please attach Addendum A.

I certify that all information submitted in the admissions process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. We certify that we will update this information if it becomes outdated.

Signature of Parent:

Signature of Parent:

Please note that a completed application does not guarantee admittance.

How did you hear about us?

For office use only: Application complete upon receipt of:

Birth Certificate Academic Records (1-8) including standardized test results (2-8) Application Fee (if applicable)

Received by:

Date: