



**ARCHDIOCESE OF LOUISVILLE
CATHOLIC ELEMENTARY SCHOOLS
STUDENT APPLICATION FORM
PRE-SCHOOL**

School _____ Parish _____

Current Family Data

	PARENT/GUARDIAN	PARENT/GUARDIAN
Name		
Relationship (Mother, Father, Step-parent, Guardian, Grandparent, Deceased)		
Marital Status (Married, Single, Widowed, Divorced/Remarried, Separated)		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
E-mail Address		
Religion		
Employer		
Occupation		

Direct Correspondence to: _____

Street _____

City/State/Zip _____

Phone _____ Publish in School Directory (Y/N) _____

E-mail: Publish in School Directory (Y/N) _____

Language spoken at home: _____

Names and dates of birth of ALL children in family (list pre-school children first):

Boys _____

Girls _____

Custody (if applicable): Single (Y/N) _____ Name: _____

Joint (Y/N) _____ Names: _____

If you and the physician of your choice, as indicated on back, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes No Signature of parent or guardian: _____

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes No Signature of parent or guardian: _____

PLEASE FILL OUT THE INFORMATION ON THE BACK

STUDENT INFORMATION**PRE-SCHOOL**

Name: _____ Sex: _____

Date of Birth: _____ Birth City/State/Country: _____

Proposed Grade Placement: _____ **Pre-school Choice: (please circle)** **Full Day or Half Day**

Oldest (Y/N) _____ Transportation: _____

First Language Child Learned to Speak: _____

Language Child Speaks Most Often: _____

After school, child goes to:

Place: _____ Phone: _____

Contact: _____

Religious Records:

Religion: _____

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptism				
First Eucharist				
First Reconciliation				
Confirmation				

Health/Emergency Information:

First Contact/Relation: _____ Phone: _____

Second Contact/Relation: _____ Phone: _____

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Health/Physical Limitations: _____

Medicine: _____

Instructions/Allergies: _____

Immunization Expiration Date: _____

Transferred Information:

School: _____

Address: _____

Entered: ____/____/____ Withdrew: ____/____/____

Reason code:

Codes: 1 - Completed Program

2 - Moved

3 - Illness

4 - Parent Choice

5 - Other

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Pre-registration Fee Paid _____

Received by _____

Baptismal Certificate Verified (Y/N) _____

Immunization Certificate (Original) (Y/N) _____

Date of Expiration _____

Physical Exam Certificate (Y/N) _____

Fluoride Permission on File (Y/N) _____

Birth Certificate Verified (Y/N) _____

Accepted/Not Accepted _____

Records Requested _____

Application Status (Circle one)

1A - Siblings

1B - Oldest

1C - Non-Catholic

Registered in Parish (Y/N) _____

Name of Parish _____

Notified _____