



ARCHDIOCESE OF LOUISVILLE  
CATHOLIC ELEMENTARY SCHOOLS  
STUDENT APPLICATION FORM

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

Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Birth City/State/Country: \_\_\_\_\_  
 Proposed Grade Placement: \_\_\_\_\_  
 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 \_\_\_\_\_