

STUDENT INFORMATION

Name: _____ Gender: _____ Date of Birth: _____

Birth City/State/Country: _____ Proposed Grade (Preschool - 8th grade): _____

Preschool (circle one): **PS (3-4 year old) Half Day** or **PS (3-4 year old) Full Day** (must be 3 by 8/1 and fully toilet trained)

PreK (circle one): **PK (4-5 year old) Half Day** or **PK (4-5 year old) Full Day** (must be 4 by 8/1 and fully toilet trained)

Oldest or Only Child (circle one): **Yes** or **No** Transportation: _____ Requested Start Date: _____

First Language Child Learned to Speak: _____ Language Spoken Most Often: _____

After school, child goes to: _____ Phone #: _____ Contact: _____

Religion: _____ Current/Active Registered Parish: _____

Please indicate whether the student has completed the following Catholic Sacraments :

Baptism **Yes** or **No** First Eucharist **Yes** or **No** First Reconciliation **Yes** or **No** Confirmation **Yes** or **No**

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

Health/Emergency Information:

First contact/Relationship: _____ Phone #: _____

Second contact/Relationship: _____ Phone #: _____

Doctor: _____ Phone #: _____

Hospital: _____ Phone #: _____

Health/Physical Limitations: _____

Medications Currently Taken: _____

Instructions: _____

Allergies: _____

Transfer Information:

School: _____ Address: _____

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

Reason for withdrawal (circle one): Completed Program Moved Illness Parent Choice Other

Signature: _____ Date: _____

For Office Use Only

Application Fee (Amount/Check#): _____ Records Requested: _____

Received by: _____ Birth Certificate Verified (circle one): **Yes** or **No**

Baptismal Certificate Verified (circle one): **Yes** or **No**

Immunization Certificate Verified (circle one): **Yes** or **No**

Application Status (circle all that apply):

Expiration Date: _____

Current Family New Family Non-Catholic