

### 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: \_\_\_\_\_

First Language Child Learned to Speak: \_\_\_\_\_ Language Spoken Most Often: \_\_\_\_\_

After school, child goes to: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

Religion: \_\_\_\_\_ Current Registered Parish: \_\_\_\_\_

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: \_\_\_\_\_

Immunization Expiration Date: \_\_\_\_\_

**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#): \_\_\_\_\_

Received By: \_\_\_\_\_

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

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

Expiration Date: \_\_\_\_\_

Records Requested: \_\_\_\_\_

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

Application Status (circle all that apply):

**Current Family    New Family    Non-Catholic**