

Office Use Only	
Date Application Received: _____	Birth Cert. _____
Reg. Fee _____	Trans. Rec'd _____
Bap. Cert. _____	Imm. _____
Tuition Plan _____	Accept/Letter _____

Please Print or Type

NEW STUDENT ADMISSION APPLICATION

Proposed Grade Placement: _____
Year

Pupil's Last Name _____ First Name _____ Middle Name _____
 Check Male One: Female Social Security # _____ Age on Sept. 1 _____

Mailing Address _____ City _____ County _____ State _____ Zip Code _____

Home Telephone _____ Father's Business Phone _____ Mother's Business Phone _____

Date of Birth _____ Year _____ Month _____ Day _____ Place of Birth _____ City _____ State _____

Number of Brothers: Younger _____ Older _____ Number of Sisters: Younger _____ Older _____

Student Special Abilities: _____

Student Special Needs: _____

Student's Religion: _____ Church Attending: _____

	DATE/ YEAR	CHURCH	CITY	STATE
BAPTISM				
FIRST RECONCILIATION				
FIRST EUCHARIST				

School Last Attended: _____ Address: _____

Grade: _____ Name of Teacher: _____

FATHER or Guardian: _____ Address: _____ Church Attending: _____
 Occupation: _____ Name of Company: _____
 Level of Education (Check Highest): Elementary High School College Graduate Post Graduate

MOTHER or Guardian: _____
 (Maiden Name) _____ Address: _____ Church Attending: _____
 Occupation: _____ Name of Company: _____
 Level of Education (Check Highest): Elementary High School College Graduate Post Graduate

Please give reasons for applying to this school: _____

Name of person referring you to this school: _____

NOTE: This is an application form only. Notification of acceptance is sent separately after processing application including all information required. Please read carefully the statement on the back. Parents or guardians of applicants accepted for admission to this school are also required to register and pay fees.

Signature of Father or Guardian

Signature of Mother or Guardian

Date: _____