

NEW STUDENT ENROLLMENT APPLICATION 2024/2025

REGISTRATION FEE OF \$150.00 PER STUDENT FOR GRADES PRE-K THROUGH 8TH IS NON-REFUNDABLE APPLICATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED IN FULL

CHILD'S FULL NAME												1ALE_	FEMALE				
DATE OF BIRTH				_ INCOMING	G GRADE	(CIRCLE C	NE)	K	1	2	3	4	5	6	7	8	
FOR PRESCHOOL ~ CHI (CIRCLE ONE) PREK 3																	
ADDRESS							_ET#	HNICI	TY_								
CITY		STATE				ZIP CODE											
HOME # ()		CELL(()		E	MAIL_										
Religion of Student					_ Parisl	hioner of S	S. Cyı	ril &	Meth	odius \	les_			No			
lf not a Parishioner, ple	ase indicate	what Parish	the st	udent belon	gs to _												
Baptism Date/_	/	Church								City	/			Stat	te		
First Communion Date_ (If applicable) How did you find out ab																	
Additional Family Inf	ormation N	leeded															
Father (Full Name)					Mot	ther (Maide	n Nai	me) _									
Address					Add	ress											
Religion					Reli	gion											
Cell #					Cell	#											
Email					Ema	ail											
Emergency Contact.	(Please li	ist someone o	ther t	han yourse	lf or you	ur spouse)											
Name									_Pho	ne # ()_					
Name									_Pho	ne # ()					
Transfer Information	n (If applic	able)															
School last attended																	
Address of school																	
Did your child attend Pr																	
Language spoken at hon	ne.																