

## **NEW STUDENT ENROLLMENT APPLICATION**

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

| CHILD'S FULL NAME   |                |          |        |  |              |        |       | MALE |      | FEMALE |       |            |  |
|---|----------------|----------|--------|--|--------------|--------|-------|------|------|--------|-------|------------|--|
| DATE OF BIRTH   | NCOMING GRADE  | (CIRCLE  | ONE)   | K                                      | 1            | 2      | 3     | 4    | 5    | 6      | 7     | 8          |  |
| FOR PRESCHOOL - CHILDREN MUST BE POTTY TRAIL (CIRCLE ONE) PREK 3 OR PREK 4 (CIRCLE # OF DAY |                |          |        |  |              |        |       |      |      | т      | w     | TH F       |  |
| ADDRESS   |                |          | £      | ETHNI                                  | CITY_        |        |       |      |      |        |       |            |  |
| CITYSTA   | TEZIP CODE     |          |        |  |              |        |       |      |      |        |       |            |  |
| RELIGION OF STUDENT   | 1              | PARISHIO | ONER O | F SS.                                  | CYRI         | L & N  | 1ETH( | DIUS | Yes_ |        | _ No  |            |  |
| IF NOT A PARISHIONER, PLEASE INDICATE WHAT PA   | RISH STUDENT E | BELONGS  | T0     |  |              |        |       |      |      |        |       |            |  |
| BAPTISM DATE/CHURCH_  | CHURCHC        |          |        |  |              |        | CITY  | CITY |      |        | STATE |            |  |
| FIRST COMMUNION DATE/CHUI   | RCH            |          |        |  |              |        | CITY  |      |      |        | STA   | Γ <b>E</b> |  |
| FATHER  | CELL #         |          |        | EM                                     | AIL _        |        |       |      |      |        |       |            |  |
| MOTHER  | MAIDEN NAM     | 1E       |        |  |              |        | _CELL | .#   |      |        |       |            |  |
| EMAIL   |                |          |        |  |              |        |       |      |      |        |       |            |  |
| RELIGION OF BOTH PARENTS  |                |          | /      |  |              |        |       |      |      |        |       |            |  |
| IF A PARENT ADDRESS DIFFERS FROM CHILD, PLEAS   | E LIST ADDRESS |          |        |  |              |        |       |      |      |        |       |            |  |
| HOW DID YOU FIND OUT ABOUT OUR SCHOOL? IF RE  | FERRED, PLEASE | SHARE    | FAMILY | Y NAM                                  | IE           |        |       |      |      |        |       |            |  |
| HEALTH INFORMATION PLEASE LIST ALL ALLERGIES AND HEALTH CONCERNS                            | S              |          |        |  |              |        |       |      |      |        |       |            |  |
| PLEASE LIST ALL MEDICATION(S)   |                |          |        |  |              |        |       |      |      |        |       |            |  |
| EMERGENCY CONTACT (PLEASE LIST SOMEONE OTH  |                |          |        |  | <b>DUO</b> 4 | 15 # I |       | \    |      |        |       |            |  |
| NAME  |                |          |        |  |              |        |       |      |      |        |       |            |  |
| NAME  |                |          |        |  | PHON         | NE# (  |       | )    |      |        |       |            |  |
| TRANSFER INFORMATION (If applicable)  |                |          | AR     | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 4            |        |       |      |      |        |       |            |  |
| DID YOUR CHILD ATTEND PRESCHOOL? YES  |                |          |        |  |              |        |       |      |      |        |       |            |  |