

SSCM



Faith, Family...Future!
www.school.steyril.org

2019 National
Blue Ribbon School

NEW STUDENT ENROLLMENT APPLICATION

REGISTRATION FEE OF \$160.00 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 _____ MALE _____ FEMALE _____

DATE OF BIRTH ____ / ____ / ____ INCOMING GRADE (CIRCLE ONE) K 1 2 3 4 5 6 7 8

FOR PRESCHOOL ~ CHILDREN MUST BE POTTY TRAINED. A BIRTH CERTIFICATE MUST ACCOMPANY THIS FORM.

(CIRCLE ONE) PREK 3 OR PREK 4 (CIRCLE # OF DAYS) 2 3 4 5 (CIRCLE) HALF DAYS OR FULL DAYS ~ M T W TH F

ADDRESS _____ ETHNICITY _____

CITY _____ STATE _____ ZIP CODE _____

RELIGION OF STUDENT _____ PARISHIONER OF SS. CYRIL & METHODIUS Yes _____ No _____

IF NOT A PARISHIONER, PLEASE INDICATE WHAT PARISH STUDENT BELONGS TO _____

BAPTISM DATE ____ / ____ / ____ CHURCH _____ CITY _____ STATE _____

FIRST COMMUNION DATE ____ / ____ / ____ CHURCH _____ CITY _____ STATE _____

(If applicable)

FATHER _____ CELL # _____ EMAIL _____

MOTHER _____ MAIDEN NAME _____ CELL # _____

EMAIL _____

RELIGION OF BOTH PARENTS _____ / _____

IF A PARENT ADDRESS DIFFERS FROM CHILD, PLEASE LIST ADDRESS _____

HOW DID YOU FIND OUT ABOUT OUR SCHOOL? IF REFERRED, PLEASE SHARE FAMILY NAME _____

HEALTH INFORMATION...

PLEASE LIST ALL ALLERGIES AND HEALTH CONCERNS _____

PLEASE LIST ALL MEDICATION(S) _____

EMERGENCY CONTACT... (PLEASE LIST SOMEONE OTHER THAN YOURSELF OR SPOUSE)

NAME _____ PHONE # () _____

NAME _____ PHONE # () _____

TRANSFER INFORMATION (If applicable) ...

SCHOOL LAST ATTENDED _____ ADDRESS _____

DID YOUR CHILD ATTEND PRESCHOOL? YES _____ NO _____ LANGUAGE SPOKEN AT HOME _____