



## New Student Application Form

**Child #1's full name** \_\_\_\_\_ Grade entering \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_

School previously attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

**Child #2's full name** \_\_\_\_\_ Grade entering \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_

School previously attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

**Child #3's full name** \_\_\_\_\_ Grade entering \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_

School previously attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

*(List other students on back)*

### Parent/Guardian Info

**Mother's Name** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Physical Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Physical Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

**Guardian (if different than parent)** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Physical Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

*(Please complete back side)*

How did you hear about us?  Friend/Family  TV  Radio  Internet Search  Facebook  Other \_\_\_\_\_

Is one or more parent active duty military?  Yes  No

Ethnic Background:  American Indian/Native Alaskan  African-American  Hispanic  Caucasian  Asian

Native Hawaii/Pacific Island  Two or more races  Unknown

What special services has your child received while attending other schools? \_\_\_\_\_

List any academic or behavioral concerns of which classroom teachers should be aware: \_\_\_\_\_

With whom does the student live?  Both parents  Mother only  Father only  Guardian  Joint custody

Catholic?  Yes  No Parish \_\_\_\_\_ Non-Catholic Denomination \_\_\_\_\_

Please list the names of all the people who are authorized to pick up your child:

**Local Emergency Contact (other than parents)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address, City, State ZIP \_\_\_\_\_

Interested in After School Program?  Yes  No

Additional Students

Child #4's full name \_\_\_\_\_ Grade entering \_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_

School previously attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ City, State ZIP \_

Child #5's full name \_\_\_\_\_ Grade entering \_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_

School previously attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ City, State ZIP \_

Additional Information: