



## 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 \_\_\_\_\_

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:

<b>FOR OFFICE USE ONLY:</b>		
Date received: _____	Initials: _____	Fee: _____
Immunizations: _____	Birth Certificate: _____	
Records Request: _____	ASP Packet: _____	REV 1/13