

# Application Form

For School Use Only	
Application Fee \$	_____
Birth Certificate	_____
Health Record	_____
_____	_____
_____	_____

\_\_\_\_\_ School

### INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

Complete all information on this form and return it to the school on the date designated by the school.

1. Date of Birth and proof of Baptism must be verified by a Birth/Baptismal Certificate.
2. Education of parents should indicate the highest educational level, such as high school, technical institute or college, and the major study undertaken.
3. Entries for occupation should be as specific as possible.
4. Entries under brothers and sisters should indicate the position in the family according to order of birth, beginning with the eldest child to the youngest, including this child.

Students entering K, 4, 7, and all new students applying from out-of-state

After you have received the notice of final acceptance, have your family doctor or a doctor at one of the Child Care Centers in your locality examine your child, complete the Pupil Medical Record, and return it as soon as possible to the school.

### Child Identification Data

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Applying for Grade \_\_\_\_\_

Name of Child \_\_\_\_\_  
Last First Middle

Sex: Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Religion \_\_\_\_\_ Ethnic Background \_\_\_\_\_

Place of Birth \_\_\_\_\_  
Hospital City State

Last School attended \_\_\_\_\_  
School Name Grade  
Address City State Zip

### Child's Data on Reception of Sacraments

<u>Sacrament</u>	<u>Date Received</u>	<u>Church</u>	<u>City and State</u>
Baptism			
Reconciliation			
First Communion			
Confirmation			

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Baptismal Certificate submitted      Baptismal Certificate not submitted      Not baptized

**Family Data Background**

**Father**

**Mother**

Name	_____		_____	
	Last	First	First	Maiden
Address	_____		_____	
City, State, Zip	_____		_____	
Home Phone Number	_____		_____	
Other Phone info (cellular/car/pager, etc.)	_____		_____	
Profession	_____		_____	
Employer's Name	_____		_____	
Business Phone No.	_____		_____	
Highest Education Level Reached	_____		_____	
Place of Birth	_____		_____	
Religion	_____		_____	
Parish/Church in which registered	_____		_____	
Envelope #	_____		_____	

If different than above, natural parents name and address: \_\_\_\_\_  
\_\_\_\_\_

Natural parents marital status: Married  Separated  Divorced  Deceased

Name(s) of enrolling parents \_\_\_\_\_

Status of Child's custody by each of the above (if applicable) \_\_\_\_\_

Legal document on file with school \_\_\_\_\_

For purposes of mail communication, please list name and address of guardian if other than above:

\_\_\_\_\_ Name \_\_\_\_\_ Address (Number & Street)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Relation to child being registered \_\_\_\_\_

Languages spoken in the home \_\_\_\_\_

**Brothers and Sisters of Registeree**

\*Beginning with oldest child to youngest, including this child

Birthdate	First Name	Religion	School Attending	Present Grade
1.				
2.				
3.				
4.				
5.				
6.				

Please state any medical/health problems your child may have and any other concerns relating to school life.

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Please state the reasons you are choosing a Catholic school for your child.

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**School Policy:** School administration reserves the right to place or assign in-coming students to a specific homeroom teacher.

If our school does not have any immediate openings in the grades you have requested, would you like us to share your application information with other Catholic schools in the Diocese of Wilmington. \_\_\_\_\_ yes \_\_\_\_\_ no

Parent/Guardian Signature: \_\_\_\_\_

# Local Parish/School Data