



<i>Office Use Only</i>	
Date	_____
Time	_____
Grade	_____
Parish	_____

## APPLICATION FOR ADMISSION ~ 2012-2013

### PRESCHOOL THROUGH 8TH GRADE

**Parent/Guardian Information**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic, parish registered in \_\_\_\_\_

I have provided additional custodial and contact information on the back of this page.

**Child's Information**

Name _____		Age _____	Male/Female
<small>First</small>	<small>Middle</small>	<small>Last</small>	
Date of Birth ____/____/____	Grade Applying For _____	<b>If preschool</b> - Number of full days -	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5
			<small>(T, Th)   (M-W-F)   (M-F)</small>
Name _____		Age _____	Male/Female
<small>First</small>	<small>Middle</small>	<small>Last</small>	
Date of Birth ____/____/____	Grade Applying For _____	<b>If preschool</b> - Number of full days -	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5
			<small>(T, Th)   (M-W-F)   (M-F)</small>
Name _____		Age _____	Male/Female
<small>First</small>	<small>Middle</small>	<small>Last</small>	
Date of Birth ____/____/____	Grade Applying For _____	<b>If preschool</b> - Number of full days -	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5
			<small>(T, Th)   (M-W-F)   (M-F)</small>
Name _____		Age _____	Male/Female
<small>First</small>	<small>Middle</small>	<small>Last</small>	
Date of Birth ____/____/____	Grade Applying For _____	<b>If preschool</b> - Number of full days -	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5
			<small>(T, Th)   (M-W-F)   (M-F)</small>

**School my child is currently attending:** \_\_\_\_\_

Special services were provided to my child(ren) in the last 2 years (Resource Room, Tutoring, Speech, Special Education, etc.)  
Specify: \_\_\_\_\_

My child(ren) has been tested for special services – I will/have provided a copy of the latest test results to the school.

No special services were provided to my child(ren) in the last three years.

Special needs or gifts of my child(ren) \_\_\_\_\_

Additional information we should know \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_