

# ENROLLMENT FORM

School Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ Parish Enrollment \_\_\_\_\_

Student's Legal Name \_\_\_\_\_

Residential Address \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place: City \_\_\_\_\_ State \_\_\_\_\_

Previous School \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address (if not local) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_  
 Legal Guardian(s) \_\_\_\_\_ Relatives \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

**STUDENT'S RELIGION** \_\_\_\_\_

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Communion: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Confirmation: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LIST ALL CHILDREN IN FAMILY (PLACE \* IN FRONT OF THIS CHILD'S NAME)**

|        |               |           |               |           |
|--------|---------------|-----------|---------------|-----------|
| Oldest | 1. Name _____ | Age _____ | 5. Name _____ | Age _____ |
|        | 2. Name _____ | Age _____ | 6. Name _____ | Age _____ |
|        | 3. Name _____ | Age _____ | 7. Name _____ | Age _____ |
|        | 4. Name _____ | Age _____ | 8. Name _____ | Age _____ |

**MEDICAL ALERT:** \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**FAMILY PHYSICIAN:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

CSD 06/05

PLEASE COMPLETE PAGE TWO OF FORM

HOUSEHOLD INFORMATION

Mother's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Grade \_\_\_\_\_ High \_\_\_\_\_ College \_\_\_\_\_ Postgraduate \_\_\_\_\_ Religion \_\_\_\_\_

Father's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Grade \_\_\_\_\_ High \_\_\_\_\_ College \_\_\_\_\_ Postgraduate \_\_\_\_\_ Religion: \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced\* \_\_\_\_\_ Separated\* \_\_\_\_\_ Single \_\_\_\_\_ Remarried\* \_\_\_\_\_

\* COPY OF CUSTODY/GUARDIANSHIP PAPERS REQUIRED

Name of guardian\* with whom the child is living (if not listed above) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Contact telephone # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Has this child ever received any special services for (e.g. learning disability, physical or academic impairment, communication disorder, emotional difficulty, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Is the child's first acquired (learned) language other than English; regardless of which language is dominant? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Is the language most often spoken by the child other than English: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Is the language spoken by the child in the child's home other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Enrollment in \_\_\_\_\_ School is subject to approval of the Diocese and the

School at any time consistent with Diocesan policy or the School handbook. School administration. Enrollment approval, if granted, may be rescinded by the Diocese or

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Admission is not determined until an admissions interview is conducted (if necessary) and confirmation is received from your previous Catholic school. If applicable, that financial obligations are current. (P5270)

5-5-99/00