

**Student Information:**

**Application Date** \_\_\_\_\_

Student's Name \_\_\_\_\_  
(Last) (First) (M I)

Incoming Grade: \_\_\_\_\_ (Options: K – 8; Preschool 2-day or 5-day, Pre-Kindergarten 3-day or 5-day)

Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M F

Special Needs (Circle one): 504 plan IEP/ISP None

Food Allergies \_\_\_\_\_ Medical Allergies/Conditions \_\_\_\_\_

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**THE FOLLOWING INFORMATION IS USED TO COMPLETE REQUIRED STATE REPORTS**

**Student's Race/Ethnicity (Circle):**

White/Caucasian African American/Black Asian/Pacific Islander American Indian Hispanic Other

**Parent/Guardian Information:**

**Mother/Guardian's Name** \_\_\_\_\_  
(Last) (First) (M I)

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Religion \_\_\_\_\_ Church where you are a participating member \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_  
(Last) (First) (M I)

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Religion \_\_\_\_\_ Church where you are a participating member \_\_\_\_\_

**If different, should correspondence be sent to both addresses?** \_\_\_\_ Yes \_\_\_\_ No

Does your child have siblings? If so, please list name (s) and Birth date (s)

Did you attend/graduate from a Catholic School? \_\_\_\_ Name of School attended \_\_\_\_\_