

APPLICATION FOR ADMISSION

Student's First Name Middle Last Name

*Date of Birth _____ Social Security Number of Child _____

Home Address City State Zip Home Number

Present Grade: _____ Applying for Grade: _____ Religion: _____

*Sacraments received: Date:

Baptism _____
Reconciliation _____
Communion _____
Confirmation _____

*The dates of birth and baptism must be verified with original certificates before the admission process is considered complete. You must also include a copy of your child's transcripts, or report card, etc. with your completed application.

Where does your family attend Mass/Service? _____ Env.# _____

Do you attend regularly? _____

Describe your family's involvement at St. Patrick Parish: _____

Has the applicant previously applied to St. Patrick School? ____ If so, when? _____

What languages are spoken at home? _____

Is the student currently attending another school? _____

Name of School Address Zip Phone

EDUCATIONAL TESTING

Has the student had any behavioral, adjustment or psychological evaluations? _____

Has the student had educational evaluations that may identify some special learning needs and/or enrollment in special programs? _____

* All testing results mentioned above must be submitted in confidence to the principal as a part of the admission process.

Has the student ever been dismissed from another school? _____ If so, please explain: _____

Does the student have any illness, disease or physical disability which affects the general health of the student school performance or participation in the school's athletic program? Please include conditions like diabetes or allergies so we can be sensitive to the student's needs.

Why do you want your child to attend St. Patrick Parish School? _____

Note availability for a personal interview _____

Signature

Date

The following information is needed to insure the legal rights of all concerned and the

security of students while they attend our school. This information will be included in the student's personal file and is regarded confidential. Information must be complete and accurate; i.e. address with city and zip code, phone numbers with area codes.

Father's Name _____ Phone (H) _____

Home Address _____

Occupation _____ Title _____

Name of Firm _____ Phone (O) _____

Address of Firm _____

High School Attended _____ College Attended _____

Mother's Name _____ Phone (H) _____

Home Address _____

Occupation _____ Title _____

Name of Firm _____ Phone (O) _____

Address of Firm _____

High School Attended _____ College Attended _____

Marital Status of Parents: (please check one)

Married Separated Divorced Widowed
 Remarried

Who has legal custody of the student? _____

Is the student living with someone other than the parent? _____

Who receives the student's academic reports?

Mother and Father Father only Mother only

To whom should financial statement be sent?

Mother and Father Father only Mother only

Please fill out the following if applicable:

Name of Stepfather _____ Phone (H) _____

Occupation _____ Title _____

Name of Firm _____ Phone(O) _____

Firm's Address _____

Name of Stepmother _____ Phone (H) _____

Occupation _____ Title _____

Name of Firm _____ Phone (O) _____

Firm's Address _____

ADDITIONAL FAMILY INFORMATION

Siblings: Name	Age	School Attending

Does the applicant have relatives in school now or have relatives who graduated from Saint Patrick Parish School? If so, please list:

Name of Relative	Relationship	Years Attended

Ethnic Background: (please check one)

- | | |
|--|--------------------|
| American Indian/Native Alaskan _____ | Asian _____ |
| White _____ | Hispanic _____ |
| Black/African American _____ | Multi-Racial _____ |
| Native Hawaiian/Pacific Islander _____ | |