



DIVINE CHILD ELEMENTARY SCHOOL

ENROLLMENT APPLICATION

Please fill out the information below as completely and accurately as possible.

STUDENT INFORMATION

Legal Name: _____ Nickname: _____
Last First Middle

Date of Birth: _____ Birthplace: _____ Gender: M or F
City State

Address: _____ City: _____ State: _____ ZIP: _____

Child resides with: Mother & Father Mother only Father only
 Mother & Stepfather Father & Stepmother Other (please specify): _____

ACADEMIC BACKGROUND

Current Grade: _____ Applying for Grade: _____

Current School: _____ City: _____ State: _____ Years Attended: _____

Has this applicant ever skipped a grade? Y or N (If yes, please explain): _____

Has this applicant ever repeated a grade? Y or N (If yes, please explain): _____

Has this applicant ever been suspended, expelled or asked to leave any school? Y or N (If yes, please explain): _____

Has this applicant ever been placed on academic probation? Y or N (If yes, please explain): _____

Does this applicant require any special curricular, classroom or testing modifications? Y or N (If yes, please explain): _____

Please advise of any circumstances that may affect your child's academic performance or attendance (i.e. medical conditions, emotional and learning differences): _____

FAITH LIFE

Student Religion: _____ Parish: _____ City: _____ State: _____

Has this child received the following sacraments?

Baptism: Y or N Parish: _____ City: _____ State: _____

First Communion: Y or N Parish: _____ City: _____ State: _____

How did you hear about Divine Child Elementary School (check all that apply)?

- Current DCES Family/Parishioner/Alumni (Referring Family: _____) Live in the Neighborhood
- DC Website Social Media Email Marketing Radio/TV Mailed Postcards Cinema Advertising
- Parish Bulletin (If not DC, specify parish: _____) Attended an Open House



FAMILY INFORMATION

MOTHER/GUARDIAN 1

First Name: _____ Last Name: _____ Maiden: _____

DC Alumna (circle): Y or N Graduation Year: _____

Marital Status (circle): Single Married Separated Divorced Widowed Remarried

Address: _____ City: _____ State: _____ ZIP: _____

Same as student

Home Phone: _____ Mobile Phone: _____ Email: _____

Employer: _____ City: _____ Occupation: _____

Religion: _____ Current Parish: _____

If applicable, please provide spousal (step-parent only) information:

Full Name: _____ DC Alumna (circle): Y or N Graduation Year: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

FATHER/GUARDIAN 2

First Name: _____ Last Name: _____

DC Alumna (circle): Y or N Graduation Year: _____

Marital Status (circle): Single Married Separated Divorced Widowed Remarried

Address: _____ City: _____ State: _____ ZIP: _____

Same as student

Home Phone: _____ Mobile Phone: _____ Email: _____

Employer: _____ City: _____ Occupation: _____

Religion: _____ Current Parish: _____

If applicable, please provide spousal (step-parent only) information:

Full Name: _____ DC Alumna (circle): Y or N Graduation Year: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

SIBLINGS

Name: _____ Age: _____ Current School: _____ Grade: _____

Name: _____ Age: _____ Current School: _____ Grade: _____

Name: _____ Age: _____ Current School: _____ Grade: _____

Name: _____ Age: _____ Current School: _____ Grade: _____

I have included the following required supporting application materials:

- Report Card (only grades 1-8)
- Birth certificate
- Baptismal certificate
- Standardized Test Scores (only grades 2-8)

I/We affirm that all of the information contained in this application is true and accurate to the best of my/our knowledge. I/We understand that providing false information is sufficient grounds for the rejection of the applicant and/or withdrawal of the student.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____