



Enrollment Application

Date: _____

Please **PRINT** all information.

STUDENT INFORMATION

Name: _____ Last _____ First _____ Middle _____ Male Female

Religious Affiliation: _____ Parish: _____ Grade student will be entering: _____

Date of Birth: ____/____/____ Place of Birth: _____ City _____ State _____ Social Security No. _____ **OPTIONAL**

Race/Ethnicity of Student: Asian Black Hawaiian/Pacific Islander Hispanic Multiracial Native American/Alaskan White

Student lives with: Both Parents Mother Father Other: Relationship _____ Legal Custody with: _____ **(MUST PROVIDE COURT PAPERS)**

Parent/Guardian:

Name _____ Street _____ City _____ State _____ Zip _____ Home Phone No. _____ Cell Phone No. _____

If parents are NOT living together – Second Parent:

Name _____ Street _____ City _____ State _____ Zip _____ Home Phone No. _____ Cell Phone No. _____

Public School District of Residence: _____ School Last Attended: _____ Name _____ City _____ State _____ From Grade: _____ to Grade _____

FOR CATHOLIC APPLICANTS

	DATE	CHURCH	CITY & STATE/COUNTY
Baptism	___/___/___		
Reconcillation	___/___/___		
First Eucharist	___/___/___		
Confirmation	___/___/___		
Parish currently registered at?			

LIST LAST 3 SCHOOLS THE STUDENT HAS PREVIOUSLY ATTENDED	GRADE(S)	YEAR(S)

FAMILY INFORMATION

	FIRST & LAST NAME	ADDRESS	HOME PHONE	PLACE OF EMPLOYMENT	WORK PHONE	EMAIL
FATHER						
MOTHER						
STEP-PARENT						
STEP-PARENT						
OTHER						

CONTINUED ➡

