

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 Enrollment approval, if granted, may be rescinded by the Diocese or School at any time consistent with Diocesan policy or the School handbook.

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)

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 _____