



## APPLICATION FOR ADMISSION

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This application is to be completed in full by the applicant's parent or guardian and returned to St. Paul Parish School. A non-refundable fee of \$25.00 should be enclosed with the application.

### **STUDENT INFORMATION**

**Intended school year of enrollment:** \_\_\_\_\_

**Circle grade of interest: Preschool Pre-K Kindergarten 1 2 3 4 5 6 7 8**

Applicant's Name \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
City State

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Parish or Place of Worship \_\_\_\_\_

Registered in Parish? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_

Date/Place of Baptism (please include a copy of certificate) \_\_\_\_\_

Date/Place of 1<sup>st</sup> Communion (please include a copy of certificate) \_\_\_\_\_

List siblings who are currently attending (include grade) or who have graduated from St. Paul Parish School. Please also list any siblings that may attend St. Paul Parish School in the future:

\_\_\_\_\_  
\_\_\_\_\_

### **FAMILY INFORMATION**

Student lives with:

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Father only         | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Guardian     | <input type="checkbox"/> Mother / Stepfather | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Mother only  | <input type="checkbox"/> Father / Stepmother |  |

**Father** / Stepfather / Guardian (circle one)

Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(Continued on reverse side)

**Mother / Stepmother / Guardian (circle one)**

Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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If applicable, list name and address of school previously attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** A **COPY** of a complete set of records (including health, behavioral, academic, special services, attendance, and test scores) from previous school(s) **MUST** be attached to this application. This is obtained at the office of the current school.  
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1. Briefly explain the major reasons you wish your child to be educated at St. Paul Parish School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. At St. Paul Parish School, we believe in fostering the spiritual, intellectual, physical and social development of each student. What role will you and your student play in each part of our school mission?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How/from whom did you hear about St. Paul Parish School? Another parent – who? \_\_\_\_\_

Parish? \_\_\_\_\_ Other? Please explain. \_\_\_\_\_

Parents' Signatures \_\_\_\_\_