



ADMISSION APPLICATION
GRADES 1-8

Date _____

Student Information

Last Name _____ Male Female

First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Parish _____

Public School District Number _____ Present Grade _____ Enrollment Grade _____

Birth Date _____ Birth Certificate No. _____ City/State _____

Baptism Date _____ Church _____ City/State _____

Baptismal Certificate Submitted: Yes No

Communion Date _____ Communion Church _____

Communion City and State _____

Confirmation Date _____ Confirmation Church _____

Confirmation City and State _____

School Transferred From _____

Does your child have any **major** physical disabilities? Yes No

If yes, please explain. _____

Other pertinent information: _____

(over)

Family Information

Father's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Business Phone _____ Religion _____

Birthplace _____ Occupation _____

Mother's Name _____ Maiden Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Business Phone _____ Religion _____

Birthplace _____ Occupation _____

Main Email Address: _____

Marital Status: Married and Living Together

FATHER:

MOTHER:

Deceased Separated Remarried Divorced
(circle one)

Deceased Separated Remarried Divorced
(circle one)

Child Lives With _____

Name of Guardian (if applicable) _____

Guardian's Address _____

City _____ State _____ Zip Code _____

Guardian's Home Phone _____ Guardian's Cell Phone _____

Guardian's Business Phone _____ Guardian's Religion _____

Guardian's Birthplace _____ Guardian's Occupation _____



Office Only

\$100 Nonrefundable Registration (Check #/Date Pd.)

\$150 Book Fee (Check #/Date Pd.)