



**ADMISSION APPLICATION**  
**KINDERGARTEN**

Date \_\_\_\_\_

Full Day     Half Day (8-11:00am)

***Student Information***

Last Name \_\_\_\_\_  Male  Female

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

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

Parish \_\_\_\_\_ Public School District Number \_\_\_\_\_

Birth Date \_\_\_\_\_ City/State \_\_\_\_\_

Birth Certificate No. \_\_\_\_\_

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

Baptismal Certificate Submitted:  Yes  No

Preschool Attended \_\_\_\_\_

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.)