



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. _____

Does your child have an IEP or SSP? Yes No

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 (All Families)

**\$150 Book Fee per student (All Families)
(Check #/Date Pd.)**