

ST. FRANCIS DE SALES CATHOLIC SCHOOL

New Admissions Application

Children are admitted to school for Pre-kindergarten if they are 4 by September 1 and for Kindergarten if they are 5 years of age on or before September 1. Students for grade 1 must be 6 years of age on or before September 1 and have successfully completed Kindergarten.

STUDENT INFORMATION: Application for Grade: _____ for School Year: _____ Application Date: _____
 Pre-K: ½ day program full day program

Applicant's Full Name: _____ Nickname: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ SSN: _____ Date of Birth: _____ Place of Birth: _____

Religious Affiliation: _____ if Catholic, Parish: _____ No. of Older Siblings: _____ No. of Younger Siblings: _____

ADMISSION TO THIS SCHOOL:

Transferred from: _____ City: _____ State: _____ Reason: _____

Reception of Sacraments: (if entering student is Catholic)

Sacrament	Date	Church	City	State
Baptism				
Reconciliation				
First Communion				
Confirmation				

PARENT/GUARDIAN INFORMATION:

	Name	Address (if same as above, write SAME)	Religion	Date of Birth	SSN	Highest Level of Education Completed
Father						<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post-grad
Mother (include maiden name)						<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post-grad
Guardian						<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post-grad

Relationship of guardian to student: _____

Child resides with (check all that apply) Two parents Mother Father Other: _____

Father: Alumni of St. Francis? Yes No Cell Phone: _____ email: _____

Occupation: _____ Employer: _____ Business Phone: _____

Mother: Alumni of St. Francis? Yes No Cell Phone: _____ email: _____

Occupation: _____ Employer: _____ Business Phone: _____

(Over)

Duplicate Mailing Request: (If applicable and requested by non-custodial parent)

Name: _____	Address: _____
City, State, ZIP: _____	Telephone Number: _____
Email address: _____	Should this person receive all correspondence from the school? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION:

Tuition should be billed to: _____ Billing Address (if different): _____

Copy of Custody Agreement, if applicable, must be on file.

Are there current or alumni siblings who attended St. Francis de Sales School (K-8)? List names and year of graduation: _____

MEDICAL INFORMATION:

Please list below any allergies or medical conditions your child may have that the school should be aware of:

On behalf of the applicant, I/we hereby make application to St. Francis de Sales Catholic School. Completion of application does not guarantee admission to St. Francis de Sales Catholic School.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

St. Francis de Sales Catholic School does not discriminate on the basis of sex, race, color and/or national origin in the administration of its educational policies, admissions policies, financial assistance or scholarship programs, and other school sponsored programs.

Limited financial assistance is available. Will you be seeking financial assistance?: Yes No

If you referred to St. Francis de Sales Catholic School by a parent with children enrolled in the school, they will receive 10 hours towards their volunteer commitment. You must complete registration, pay registration fee and the first tuition payment for them to receive the benefit of your enrollment.

Name of family who referred you: _____

Upon acceptance, a non-refundable Registration Fee of \$50.00 (\$100.00 for two or more children) will be due. Checks should be made payable to: St. Francis de Sales Catholic School.

Office Use Date Received: _____ Registration Fee: _____
