

# S T . F R A N C I S D E S A L E S C A T H O L I C S C H O O L

## 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: \_\_\_\_\_  
First Middle Last

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				
First Communion				
Confirmation				

**PARENT/GUARDIAN INFORMATION:**

	Name	Address (if same as above, write <b>SAME</b> )	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)  Mother/Father  Mother  Father  Mother/Stepfather  Father/Stepmother  Grandparents  Other

If divorced, who has custody of the child? \_\_\_\_\_

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

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND THE CHILD'S EDUCATION RECORDS.**

Ethnicity:  African American  Asian  Caucasian  Hispanic  Multi-Racial  Native American  Pacific Islander

Does child have any special learning needs? \_\_\_\_\_

Restrictions that should be on file with the school: \_\_\_\_\_

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:\_\_\_\_\_

**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?  Yes  No

**ADDITIONAL INFORMATION:**

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

**VERY IMPORTANT:**

- **Physical Exam** (performed within last 12 months) and a copy of up-to-date immunization record must be on file prior to the start of school.
- You must be enrolled in our **tuition management program (FACTS)** prior to the start of school.

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

**Checks should be made payable to: St. Francis de Sales Catholic School.**

Office Use Date Received:_____ Registration Fee:_____
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