



# St. Patrick School

A Community Committed to Faith and Excellence

## Application

**A non-refundable \$75.00 fee must accompany each application.**  
**Please print all information. ♣ Please attach a recent photo of your child.**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ For Grade: \_\_\_\_\_

**All entering Kindergarten students must be five (5) years old by September 1<sup>st</sup>**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birth place: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FAMILY INFORMATION

PARENT

PARENT

Name: _____ Address (with City, State, Zip): _____ _____ Phone (with Area Code): _____ Email address: _____ Parish: _____ Occupation: _____ Employer: _____ Work Address (with City, State, Zip): _____ _____ Work Phone (with Area Code): _____	Name: _____ Address (with City, State, Zip): _____ _____ Phone (with Area Code): _____ Email address: _____ Parish: _____ Occupation: _____ Employer: _____ Work Address (with City, State, Zip): _____ _____ Work Phone (with Area Code): _____
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CHILD RESIDES WITH:

<input type="checkbox"/> both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> other, please explain:

**SCHOOL:**

Child's Current School:	Current Grade:
Address (with City, State, Zip):	Phone #:

**SIBLINGS:**

Name:	Birth Date:	Current School:
Name:	Birth Date:	Current School:
Name:	Birth Date:	Current School:

**STUDENT INFORMATION**

Parish or Church in which registered:	Phone:
Church Address (with City, State, Zip):	
Student's Baptism Date:	Church:
Church Address (with City, State, Zip):	

**IF YOUR CHILD IS CATHOLIC, PLEASE INDICATE OTHER SACRAMENTS RECEIVED:**

First Communion Date:	Church:
Church Address (with City, State, Zip):	
Confirmation Date:	Church:
Church Address (with City, State, Zip):	

Has your child ever been referred for a psycho-educational assessment?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your child being tutored?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have an active IEP?	<input type="checkbox"/> yes <input type="checkbox"/> no
My child is currently receiving Special Services:	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please describe the services:	
Is your child currently taking any medication? If yes, please explain:	

**IN ORDER TO HELP US KNOW MORE ABOUT YOU AND YOUR CHILD, PLEASE ANSWER THE FOLLOWING:**

What are your reasons for applying to St. Patrick School? Use the reverse side if more room is needed.

Please share with us a brief description of your child. What adjectives best describe him/her?

Has your child ever been suspended or expelled from any school? No\_\_\_ Yes\_\_\_ Please explain.

To what other schools will your child be applying? Is St. Patrick School your first choice?

I have read the Admission Policy: \_\_\_\_\_

\_\_\_\_\_  
*Parent Signatures*

**THANK YOU FOR YOUR INTEREST IN ST. PATRICK SCHOOL**