



St. Alphonsus Catholic School

2019-2020

Welcome to St. Alphonsus School. We are very pleased that you are considering our school for your child's education. Please complete the attached student application and return to the school office with the documents listed in Section 2. Acceptance letters will be mailed to your home address in March.

Student Name _____ Grade _____

1. Application

Date Received: _____ Received by: _____

Date Entered: _____ Entered by: _____

2. Documents

___ Birth Certificate

___ Social Security Card

___ Immunization Records

___ Baptism Certificate (if applicable)

___ First Communion Certificate (if applicable)

___ Current Report Card (if applicable)

___ Standardize Test Scores (if applicable)

___ Any evaluation forms or other important information

List Other Documents (custody information (if applicable), academic, medical (if applicable) _____

___ Financial Payment option/responsibility completed

3. Registration Fee Paid: OFFICE USE ONLY

Cash _____ Money Order _____ Check # _____ Amount _____ Not Paid _____

4. PRINCIPAL ONLY

___ ACCEPTED - The above named student's information has been reviewed and he/she has been accepted

___ NOT ACCEPTED- The above named student's information has been reviewed and he/she has not been accepted.

Principal's Signature

Date

___ Cumulative Card completed Date _____ Records requested Date _____

___ LINKS information entered Date _____

St. Alphonsus Catholic School

Application for Student Enrollment

Grade for 2019-2020: _____

_____ Initials *Every child in the 3 year old class must be fully potty-trained and out of diapers and pull-ups. Your child must be able to communicate with an adult that he or she has to go to the restroom.*

STUDENT INFORMATION

_____ Last Name (Full name, no initials) _____ First Name _____ Middle _____ Nickname (Only if used in school)

_____ Date of Birth (mm/dd/yyyy) _____ Social Security # _____ Gender _____ Birth City and State

_____ Religion _____ Baptism Church with City and State _____ Baptism Date (mm/dd/yyyy)

FAMILY INFORMATION

Parent's Marital Status: _____ Married _____ Divorced _____ Other: _____

Biological Father's Information _____ Living _____ Deceased

First: _____ Middle: _____ Last: _____

Street Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Email Address: _____ Religion: _____ Church: _____

Biological Mother's Information _____ Living _____ Deceased

First: _____ Middle: _____ Last: _____

Street Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Email Address: _____ Religion: _____ Church: _____

Stepfather's Information _____ Living _____ Deceased _____ Legal Guardian, but not necessarily stepfather

First: _____ Middle: _____ Last: _____

Street Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Email Address: _____ Religion: _____ Church: _____

Stepmother's Information _____ Living _____ Deceased _____ Legal Guardian, but not necessarily stepmother

First: _____ Middle: _____ Last: _____

Street Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Email Address: _____ Religion: _____ Church: _____

HOUSEHOLD INFORMATION

Primary Family:

_____ Biological Parents _____ Biological Mother & Stepfather _____ Biological Father & Step Mother

Do you wish to have the secondary family on our secondary mailing list for school correspondence? ____ Yes ____ No

STUDENT HISTORY

Please list the current and second most recent school your child has attended, including any preschool programs. If possible, please include street address, city, state, and zip code, especially most recent school so we can request records.

<u>Name of School</u>	<u>Complete Address</u>	<u>Grades Attended</u>
_____	_____	_____
_____	_____	_____

Has the student repeated a grade level? ____ Yes ____ No If yes, what grade(s)?

Has the student previously attended a Catholic School? ____ Yes ____ No

Have any of your other children attended a Catholic School? ____ Yes ____ No

List Schools and Dates:

_____	_____
School	Date
_____	_____
School	Date

List Siblings and Ages:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is there currently any relatives (not including siblings) attending St. Alphonsus? ____ Yes ____ No

Name _____ Relationship _____

Name _____ Relationship _____

EMERGENCY CONTACT INFORMATION

In case of emergency when the parents cannot be reached, please list someone we can contact regarding your child. Be advised, this person will also be allowed to administer medication and check out your child from school.

_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone

Please state your reason for wanting to enroll your child at St. Alphonsus Catholic School:
