



2023-2024 New Student Application Form

Child's Name: _____
Last Name First Middle

Birth Place: _____ Date of Birth: ____/____/____ Gender: _____
City State Month Day Year

Age as of 9/1/2023: _____ Grade Entering: _____

Ethnicity: _____ Race: _____

Primary Language Used at home: _____ Language most often used by student: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) ____ - _____ Primary Email Address _____

Would you like contact information included in the Directory? _____ Registered in which Parish _____

Date of Baptism: _____ Church: _____ City: _____ State: _____

Reconciliation Received: ___ Yes ___ No Church: _____ City: _____ State: _____

1st Eucharist Date: _____ Church: _____ City: _____ State: _____

Confirmation Date: _____ Church: _____ City: _____ State: _____

Father's Name: _____ Religion: _____ Cell Number: _____
Last First

Father's Occupation: _____ Employer: _____ Work Number: _____

Email Address _____

Mother's Name: _____ Religion: _____ Cell Number: _____
Last First

Email Address _____ Mother's Maiden Name: _____

Mother's Occupation: _____ Employer: _____ Work Number: _____

Parents are: _____ Child lives primarily with: _____

Name of person child lives with, if other than above: _____ Relationship: _____
Please provide office with a copy of custody papers, if appropriate.

Signature of Parent/Guardian: _____ Date: _____