

NEW STUDENT APPLICATION

For school year beginning Month _____ Year _____

LAST NAME

FIRST NAME

MIDDLE NAME

ENROLLMENT FOR GRADE

SCHOOL YEAR BEGINNING



DIOCESE OF SPRINGFIELD



DIOCESE OF SPRINGFIELD

NEW STUDENT APPLICATION

Student Information

Enrollment for Grade:

Male Female
Gender

Last Name First Name Middle Name

Address (PO Box, if applicable) City State Zip Telephone Number

Date of Birth Place of Birth Religion Parish City

Yes No ____ / ____ / ____
Baptized Baptism Date Parish City
(If yes, please supply Baptismal Record)

Yes No ____ / ____ / ____
First Communion First Communion Date Parish City

School Previously Attended (including pre-school) City State Dates Attended Grade(s) Attended

School Previously Attended (including pre-school) City State Dates Attended Grade(s) Attended

Yes No Will the above named child require busing?

Responses to the following item are not required. However, your assistance with this information is greatly appreciated.

Race: American Indian Black (not of Hispanic origin) Asian Hispanic White (not of Hispanic origin)

Family Information

Father:

Last Name First Name () Home Telephone

Occupation Place of Employment City State () Work Telephone

Religion Parish City State

Special Interests, Memberships in Community or Civic Organizations (optional)

Mother:

Last Name First Name Maiden Name () Home Telephone

Occupation Place of Employment City State () Work Telephone

Religion Parish City State

Special Interests, Memberships in Community or Civic Organizations (optional)

List Sibling Information:

Name Age Gender School Name Age Gender School

Name Age Gender School Name Age Gender School

Family Information (continued)

Student Lives With:

Mother and Father Mother Father Mother and Stepfather Father and Stepmother Other _____

Name of Student's Legal Guardian (if applicable):

_____ Last Name First Name

Name of Student's Stepparent (if applicable):

_____ Last Name First Name

Student Medical and Emergency Information

Emergency Contacts (*other than child's parents or guardians*):

Full Name Full Address Relationship () Telephone

Full Name Full Address Relationship () Telephone

Full Name Full Address Relationship () Telephone

Medical:

Physician's Name Address City State () Telephone

Dentist's Name Address City State () Telephone

Name of Policy Holder (Medical Insurance) Company Name Group Number
If you do not have medical insurance, the diocese requires that you purchase school accident insurance.

Yes No _____
Does your child have any food allergies (for example, peanuts)? If yes, please list.

Yes No _____
Does your child have allergic reactions (for example, bee stings)? If yes, please list.

Yes No _____
Does your child take medications on a daily basis? If yes, please list.

Yes No Does your child require medication be administered during school hours?

Yes No Does your child require special education services?

Is there anything else you would like us to know about your child?

Agreements

Individual Responsible for Payment of Tuition and Fees:

Last Name First Name Address City State () Telephone

In registering our child, I (we) agree to meet the financial and service commitments outlined. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.

Parent or Guardian Signature Date

Parent or Guardian Signature Date

General Information

How did you hear about our school?

What most influenced your decision to enroll your child?

What do you hope your child will gain from this experience?

Please list family members who have attended

Last Name	Maiden Name (if applicable)	First Name	Years Attended	
Address		City	State	Zip

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Address		City	State	Zip

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