



*Committed to securing a strong spiritual foundation and the highest learning ideals*

## APPLICATION FOR ADMISSION OF DAY SCHOOL

Application is made for admission of: \_\_\_\_\_  
(Child's name)

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Name Day: \_\_\_\_\_  
(Month)      (Day)      (Year)

Application for:

\_\_\_\_ Kindergarten 8:45 AM – 2 PM      \_\_\_\_ 1<sup>st</sup> Grade 8:45 AM – 3:15 PM      \_\_\_\_ 2<sup>nd</sup> Grade 8:45 AM – 3:15 PM  
\_\_\_\_ 3<sup>rd</sup> Grade 8:45 AM – 3:15 PM      \_\_\_\_ 4<sup>th</sup> Grade 8:45 AM – 3:15 PM      \_\_\_\_ 5<sup>th</sup> Grade 8:45 AM – 3:15 PM

Age and sex of siblings:

\_\_\_\_\_  
\_\_\_\_\_

### MOTHER OR GUARDIAN INFORMATION

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
\*E-mail: \_\_\_\_\_

(\* Please check preferred e-mail contact)

### FATHER OR GUARDIAN INFORMATION

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
\*E-mail: \_\_\_\_\_

(\* Please check preferred e-mail contact)

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**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ *(Where contact can be reached during the school day)*

Name of child's physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Please list any allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical condition(s) that school needs to aware of: *(Ex: diabetes, seizures, etc. Please explain in detail. )*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEWARDSHIP / BAPTISMAL INFORMATION:**

Please list which church you are a registered steward: \_\_\_\_\_

How long have you been a steward? \_\_\_\_\_

Please list date and place of child's baptism: \_\_\_\_\_

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**OFFICE USE ONLY**

Start Date: \_\_\_\_\_ Enrollment Fee: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_