Date Entering:____________

St. Clare of Assisi Catholic School
New Student Application for Enrollment 2015-2016

A Copy of Child's Birth Certificate, Baptismal Certificate and a $45.00 Application fee Must Accompany Application

CHILD'S NAME____ **GRADE ENTERING**________
First Middle Last

ADDRESS____ **BIRTHDATE**_______________ **SEX**______
Street City Zip

PHONE NUMBER _______________________ **EMAIL #1**_______________________________________ **EMAIL#2**_______________________________________

SACRAMENTS REC'D: Baptized Y/N – Reconciliation Date: ________ Eucharist Date: ________ & Church: ______________________Confirmation Date: ________

FATHER'S NAME____**RELIGION**____________________
First MI Last

OCCUPATION____ **BUSINESS PHONE**___________________________________

MOTHER'S NAME____**RELIGION**____________________
First MI Last Maiden

OCCUPATION____ **BUSINESS PHONE**___________________________________

MARITAL STATUS: ____ Married _____ Single _____ Divorced _____Widowed REGISTERED MEMBER OF ST. CLARE PARISH: _____Yes _____NO

CHILD RESIDES WITH: ____ Both Parents ____Mother Only ____Father Only ____Other (Please Explain) ____

PUBLIC SCHOOL DISTRICT___________________________________ **NEIGHBORHOOD ELEMENTARY or MIDDLE SCHOOL**___________________________

LEARNING OR BEHAVIORAL REFERRAL/DIAGNOSIS: ______Yes ______No

Further Consideration of Your Student's Entry Requires A Copy of Student's Records, Current Report Card, Standardized Test Scores, and Special School Diagnosis. A Request for Records Form Must Be Completed and Sent to Your Childs Current School Where Applicable.

I authorize St. Clare of Assisi School to contact schools and other sources to obtain information to support my child's application.

PARENT SIGNATURE____________________________________

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OFFICE USE ONLY*:* Date of Appl.__________ Enroll. Fee_____ Book Fee_____ Tech. Fee_____ Birth Cert._____ Bapt. Cert._____ Cust._____ FACTS______