

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 _____

OFFICE USE ONLY: Date of Appl. _____ Enroll. Fee _____ Book Fee _____ Tech. Fee _____ Birth Cert. _____ Bapt. Cert. _____ Cust. _____ FACTS _____