



**THE SCHOOL OF SAINTS FAITH, HOPE & CHARITY
APPLICATION for ADMISSION**



2014 National Blue Ribbon
School of Excellence

SCHOOL YEAR: _____

ENTERING GRADE: _____

CHILD'S NAME: LAST FIRST MIDDLE PREFERRED NAME MALE FEMALE

DATE OF BIRTH PRIMARY FAMILY EMAIL ADDRESS

STREET ADDRESS CITY STATE ZIP CODE PHONE

SCHOOL PREVIOUSLY ATTENDED ADDRESS PHONE

FATHER'S NAME RELIGION

ADDRESS IF DIFFERENT THAN ABOVE HOME PHONE

OCCUPATION PLACE OF EMPLOYMENT WORK PHONE

CELL PHONE FATHER'S EMAIL

MOTHER'S NAME MAIDEN NAME RELIGION

ADDRESS IF DIFFERENT THAN ABOVE HOME PHONE

OCCUPATION PLACE OF EMPLOYMENT WORK PHONE

CELL PHONE MOTHER'S EMAIL

- PARENT STATUS: MARRIED DIVORCED WIDOWED SINGLE
- CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER SHARED CUSTODY
- PARISH STATUS: PARISHIONER NON-PARISHIONER
- ALUMNI: FATHER MOTHER

Tuition and fees apply to the current school year and are subject to change. A non-refundable application fee of \$200.00 per family must accompany this form. This fee is independent of all other tuition and fees.

Parent Signature

Date

FOR OFFICE USE ONLY: Date Received _____ Amount Paid _____ Ck# _____ Initials _____

- Birth Certificate Baptismal Certificate Letter sent _____ Enrolled in PowerSchool