



2024-2025

# APPLICATION FOR ADMISSION

*St. Francis of Assisi Catholic School exists to form, inform and transform students as members of Christ's Mystical Body.*

FATHER'S INFORMATION	
Circle one: Father / Step-Father / Guardian	
Name _____	
Religion _____	
Address _____	
City, State, Zip _____	
Home Phone # _____	
Work Phone # _____	
Cell Phone # _____	
Email Address _____	
Virtus trained <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parish Registered _____	

MOTHER'S INFORMATION	
Circle one: Mother / Step-Mother / Guardian	
Name _____	
Religion _____	
Address _____	
City, State, Zip _____	
Home Phone # _____	
Work Phone # _____	
Cell Phone # _____	
Email Address _____	
Virtus trained <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parish Registered _____	

Parent's Marital Status:  Married  Separated  Divorced  Widow/er  Remarried  Single

Primary language spoken in the home: \_\_\_\_\_

Preschool Student <u>Legal</u> Name	DOB	Gender M / F	Designate the Preschool Class for enrollment: (Please Circle)
			3 YR T-TH AM or PM    4 YR MWF AM 4 YR M-F PM            4 YR M-F ALL DAY

Kindergarten Student <u>Legal</u> Name	Grade (2023-24)	Gender M / F DOB	Past Schools Attended	Does your child have needs that require accommodations? ILP or IEP

Grades 1 - 8 Student <u>Legal</u> Name	Grade (2023-24)	Gender M / F DOB	Past Schools Attended	Does your child have needs that require accommodations? ILP or IEP

Signature of Parent or Guardian: \_\_\_\_\_

Date of Application: \_\_\_\_\_

