

APPLICATION FOR SCHOOL REGISTRATION

This application will be considered complete only when all required supporting data (noted on the reverse side) is attached.

STUDENT DATA

NAME _____
(Last) (First) (Middle)
ADDRESS _____
CITY _____ ZIP _____
PHONE _____ E-MAIL _____
LIVES WITH: ___ PARENTS ___ MOTHER ___ FATHER
___ LEGAL GUARDIAN
BIRTHDATE _____ MALE _____ FEMALE _____
RELIGION _____
CHURCH/PARISH _____
PROPOSED ENTRY GRADE _____
PROPOSED ENTRY DATE _____
SOCIAL SECURITY NUMBER _____
PUBLIC SCHOOL ATTENDANCE AREA _____

PARENTS/GUARDIAN DATA

FATHER _____
(Last) (First)
RELIGION _____
MARITAL STATUS _____
MOTHER _____
(Last) (First) (Maiden)
RELIGION _____
MARITAL STATUS _____

ADDRESS OF EACH IF DIFFERENT THAN STUDENT ADDRESS

(F) _____
PHONE _____ E-MAIL _____
(M) _____
PHONE _____ E-MAIL _____

OCCUPATION:

FATHER _____
ADDRESS _____
PHONE _____
MOTHER _____
ADDRESS _____
PHONE _____

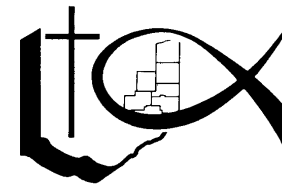
SCHOOL LAST ATTENDED

SCHOOL _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
GRADE AT TIME OF WITHDRAWAL _____
REASON FOR TRANSFER _____

DOES THIS STUDENT HAVE ANY SPECIAL EDUCATIONAL
NEEDS? YES _____ NO _____ (If "Yes" attach a complete description)
ALL SCHOOLS ATTENDED BY THIS STUDENT MUST BE LISTED
ON THE REVERSE SIDE

SACRAMENTAL RECORD

	PARISH	CITY	DATE
BAPTISM	_____	_____	_____
EUCCHARIST	_____	_____	_____
RECONCILIATION	_____	_____	_____
CONFIRMATION	_____	_____	_____



OFFICE OF CATHOLIC SCHOOLS
DIOCESE OF YOUNGSTOWN
OFFICIAL APPLICATION FORM

COMPLETE THE REVERSE SIDE