



## 2026-2027 New Student Application Form

Child's Name: \_\_\_\_\_  
Last Name First Middle

Birth Place: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F  
City State Month Day Year

Age as of 9/1/2026: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ IEP/504/Other: \_\_\_\_\_  
\*must provide a copy with application\*

Race: ( ) Black ( ) White ( ) Hispanic ( ) Native American ( ) Asian/Pacific Islander ( ) 2 or more \_\_\_\_\_

Primary Language Used at home: \_\_\_\_\_ Language most often used by student: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Primary Email Address \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reconciliation Received: \_\_\_Yes \_\_\_No Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

1<sup>st</sup> Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Last First

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Last First

Email Address \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parents: ( ) Married ( ) Separated ( ) Divorced ( ) Father Deceased ( ) Mother Deceased ( ) Single

Child lives primarily with: ( ) Father ( ) Mother ( ) Shared \_\_\_\_\_

Name of person child lives with, if other than above: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\*\*\*Please provide office with a copy of custody papers, if appropriate.\*\*\*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_