



**With whom does the child live with if not parents?**

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (street/city/zip): \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Non-Resident Father: \_\_\_\_\_ Non-Resident Mother: \_\_\_\_\_  
Name Name

**Custodial Information: I understand that it is my responsibility to provide St. Therese Catholic School copies of any legal custody issues we need to be aware of.**

Public School District: \_\_\_\_\_ Neighborhood School: \_\_\_\_\_

Name of School transferred from: \_\_\_\_\_

Address (street/city/zip): \_\_\_\_\_

Phone: \_\_\_\_\_

How did you find out about our school? Parish \_\_\_\_\_ Brochure \_\_\_\_\_ Other \_\_\_\_\_

Friend (Name): \_\_\_\_\_

**OTHER CHILDREN IN THE FAMILY:**

Child's Full Name	Date of Birth	Grade	School Attending

**STUDENT INFORMATION**

**PLEASE PROVIDE A COPY OF CERTIFICATES: Birth Certificate, Baptism Certificate, First Communion Certificate and Confirmation Certificate.**

Religion: \_\_\_\_\_ Catholic \_\_\_\_\_ Non-Catholic (please list denomination) \_\_\_\_\_

Baptized: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Date: \_\_\_\_\_

Church: \_\_\_\_\_ City/State: \_\_\_\_\_

First Communion: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Date: \_\_\_\_\_

Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Date: \_\_\_\_\_

Church: \_\_\_\_\_ City/State: \_\_\_\_\_

**List of all Schools this child has attended, beginning with current school:**

School Name	Address	Grade Attended	Reason for Leaving



1. Has your child ever attended a Catholic School?       Yes       No  
If yes, where? \_\_\_\_\_ when \_\_\_\_\_
  
2. Has your child ever been recommended for further evaluation: i.e., academic, learning, behavioral, or attention problem?       Yes       No  
  
If yes, does he/she have an IEP, or a 504?       Yes       No  
  
If yes, it must be submitted with this application.
  
3. Has your child had any private testing or evaluation?       Yes       No  
If yes, attach any results and briefly describe the reasons for the evaluation:  
\_\_\_\_\_
  
4. Describe your child's strongest scholastic qualities:  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Do you have any concerns about your child's academic progress?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Has your child experienced any disciplinary problems?  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Does your child have any special health problems or needs?  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Why is the Catholic school education important to your family?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date