

# 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  
Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Religion \_\_\_\_\_  
Church/Parish \_\_\_\_\_  
Proposed Entry Grade \_\_\_\_\_  
Proposed Entry Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Public School Attendance Area \_\_\_\_\_

## PARENTS/GUARDIAN DATA

Father \_\_\_\_\_  
(Last) (First) (Middle)  
Religion \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Mother \_\_\_\_\_  
(Last) (First) (Middle)  
Religion \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Address of each, if different than student address.  
Father \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Mother \_\_\_\_\_  
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 OR PHYSICAL NEEDS? YES \_\_\_ NO \_\_\_ (If "Yes" attach a complete description)

ALL SCHOOLS ATTENDED BY THIS STUDENT MUST BE LISTED ON THEREVERSE SIDE

## SACRAMENTAL RECORD

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

### **FOR ADMINISTRATIVE USE ONLY**

Date of Application \_\_\_\_\_  
Fee Paid: Check # \_\_\_\_\_ Cash \_\_\_\_\_

**DIOCESE OF YOUNGSTOWN  
OFFICE OF CATHOLIC SCHOOLS**

**OFFICIAL APPLICATION FORM**

# LIST ALL SCHOOLS PREVIOUSLY ATTENDED BY THIS STUDENT AND THE REASON FOR WITHDRAWAL.

SCHOOL	ADDRESS	DATE OF WITHDRAWAL	REASON FOR WITHDRAWAL

All Application Materials Received:

- \_\_\_\_\_ Baptismal Record
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Medical Immunization Record
- \_\_\_\_\_ Records from all previous schools
- \_\_\_\_\_ Custody Documentation\*\*
- \_\_\_\_\_ Social Security Number
- \_\_\_\_\_ Immigration & Naturalization Service Information\*\*
- \_\_\_\_\_ Parishioner Certification\*
- \_\_\_\_\_ Registration Fee\*
- \_\_\_\_\_ Special Educational or Physical Needs Description

\* **If Locally Required**  
 \*\* **If Applicable**

By submitting this application I certify that all the above information is true and complete. I recognize and will meet my financial obligations to the school, tuition and fees that are charged for the education of my child.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

To be signed by the principal when all application materials are received.

Entry Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_