

Applicant's Information (continued)

Schools Attended: (1)

(Please list most recent first.)

Name _____ Grades Attended _____

City/Village _____ State _____ Country _____ Phone No. _____

(2)

Name _____ Grades Attended _____

City/Village _____ State _____ Country _____ Phone No. _____

(3)

Name _____ Grades Attended _____

City/Village _____ State _____ Country _____ Phone No. _____

Special Circumstances:

Your responses to the questions in this section will assist the school in the placement of students and in planning for any special needs of our students. Accurate information will help us best meet the needs of all our students.

- Has the applicant received help for learning disabilities? Yes No
- Has the applicant been diagnosed with ADD or ADHD? *(If yes, please include a copy of the report.)* Yes No
- Does the applicant have problems with reading or been diagnosed with dyslexia? Yes No
- Has the applicant ever been retained a grade? Yes No
- Has the applicant ever skipped a grade? Yes No
- Has the applicant applied to or attended Saint Francis Catholic School previously? Yes No
- Has the applicant ever been subject to disciplinary actions such as suspension or dismissal? Yes No

If "yes" was answered to *any* of the above questions, please explain: _____

(Please provide attachment if more space is needed.)

Please provide any additional information that would help SF in working with your child. *(Additional information may include, but is not limited to, honors or any special talents or skills your child may have; on the other hand, it may also include negative attributes such as behavioral problems, encounters with police, or substance abuse.)*

(Please provide attachment if more space is needed.)

Family Information

Custody:

- Is either of the applicant's parents deceased? Yes No
- Are there custody restrictions on either parent? *(If yes, please include a copy of legal documents.)* Yes No
- Does the applicant have a legal guardian? *(If yes, please include a copy of legal documents.)* Yes No

If "yes" was answered to *any* of the above questions, please explain: _____

With whom does the applicant live? _____

Who is financially responsible for the applicant? _____

Family Information (continued)

FATHER OR LEGAL GUARDIAN:

Relationship to Applicant: (Please check only one.)

- Father Legal Guardian (Grandfather) Legal Guardian (Stepfather)
 Legal Guardian (Uncle) Legal Guardian (Other): _____

Name:

Last, First Middle Prefers to be called

Title or Name Prefix (e.g., Mr., Dr., Atty., etc.) Name Suffix (e.g., PhD, MD, Sr., Jr., III, etc.)

Mailing Address:
(Complete if different from applicant's mailing address.)

Street/P.O. Box

City/Village State/Territory Zip Code

Telephone:

Home Number Cell or Pager Number Alternate Number

Email:

Business/Employer:

Name of Company or Place of Employment Department and/or Division

Occupation Position

Work Number(s) Extension Fax

MOTHER OR LEGAL GUARDIAN:

Relationship to Applicant: (Please check only one.)

- Mother Legal Guardian (Grandmother) Legal Guardian (Stepmother)
 Legal Guardian (Auntie) Legal Guardian (Other): _____

Name:

Last, First Middle Prefers to be called

Title or Name Prefix (e.g., Ms., Mrs., Dr., Atty., etc.) Name Suffix (e.g., PhD, MD, etc.)

Mailing Address:
(Complete if different from applicant's mailing address.)

Street/P.O. Box

City/Village State/Territory Zip Code

Telephone:

Home Number Cell or Pager Number Alternate Number

Email:

Business/Employer:

Name of Company or Place of Employment Department and/or Division

Occupation Position

Work Number(s) Extension Fax

Family Information

NON-CUSTODIAL PARENT: (if applicable)

Name:

Last, First Middle Title

Mailing Address:

Mailing Address City State Zip Code

GRANDPARENTS:

Please provide the names and addresses of grandparents so we can keep them informed of things happening at SF, and so students can invite them to our annual grandparents day.

Paternal Grandfather:

Deceased?

Yes No

Last, First Middle Title

Mailing Address City State Zip Code

Paternal Grandmother:

Deceased?

Yes No

Last, First Middle Title

Mailing Address City State Zip Code

Maternal Grandfather:

Deceased?

Yes No

Last, First Middle Title

Mailing Address City State Zip Code

Maternal Grandmother:

Deceased?

Yes No

Last, First Middle Title

Mailing Address City State Zip Code

General Information

We are considering SF because of information first received through: (Check one.)

- A Current Student A Current Parent A Current Teacher Church Telephone Book
 Newspaper Ad Website Alumnus Other: _____

The factor(s) most influencing us to apply to SF: (Check all that apply.)

- Location Academic Standards Displeasure with local schools Christian Values
 Safety Honor Choir Desire to attend a private school Discipline
 Religion Class Other: _____

Signatures

I/We certify that no information relevant to my child's application has been withheld and agree to support and abide by SF regulations and guidelines not only at the time of admission but also throughout subsequent years of attendance. I understand that acceptance of this application by SF in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy, and final decision will be made by the administration of SF.

Father or Legal Guardian

Print Name

Date

Mother or Legal Guardian

Print Name

Date