

Grades 1-8 (2010-2011) Application Form

Grade in Sept '10 _____

Male or Female _____

Child's Last Name _____ First _____ Middle _____

Street Address _____ City _____ Zip _____ County _____

Date of Birth _____ Place of Birth _____
Month - Day - Year City - State - Country

Home Phone # _____ Public School District of Residence _____

Name & Address of school transferring from _____

Father's Full Name _____ Place of Birth _____
First Middle Last

Religion _____ Occupation _____

Father's Address (if different from child) _____
Street Address City State Zip Father's Home Phone # _____

Father's Work Phone # _____ Father's Cell Phone # _____

Mother's Full Name _____ Place of Birth _____
First Middle Maiden Last

Religion _____ Occupation _____

Mother's Address (if different from child) _____
Street Address City State Zip Mother's Home Phone # _____

Mother's Work Phone # _____ Mother's Cell Phone # _____

Family Status:

Number of older children _____ and/or younger children _____ in family.

Home Situation:

_____ Two Biological Parents _____ One Parent
_____ Mother/Stepfather _____ Parents Separated or Divorced
_____ Father/Stepmother _____ Other: Specify _____

If the child does not live with father or mother, please provide Guardian's information:

Name _____ Relationship to student _____

Address _____ Phone # _____

Religion _____ Country of Birth _____

St. Alphonsus Parish Membership Status: (please check one)

_____ Sustaining Member of Parish (families that meet the Sunday offering requirement)

_____ Non-Parishioner and Non-Sustaining Members (please complete below):

Parish Where Registered _____

Non-Catholic _____

Date Applicant's Parents met with Msgr. Owens: _____

Signature/Comments of Msgr. Owens: _____

Baptism:

Date of Baptism _____ Church _____

Church Address _____
Street City State Zip

Copy of Baptismal Certificate (*if not baptized at St.Alphonsus*) _____ YES _____ NO

Penance:

Date of Penance _____ Church _____

Church Address _____
Street City State Zip

First Communion:

Date of First Communion _____ Church _____

Church Address _____
Street City State Zip

Confirmation:

Date of Confirmation _____ Church _____

Church Address _____
Street City State Zip