St. Edward's Catholic School
Application for Admission
2017-2018

Attach non-refundable application fee

Office Use Only
Date Received:
Paid:

Pre-K Circle One

3 year - old Pre-K Program - 4 Day AM PM
4 year - old Pre-K Program - 4 Day AM PM
3 & 4 year - old Extended Day (7:30am - 5:30 pm) - 5 DAY _____

Grade Entering_____

Child's **Legal** Name: _____ _____ _____
Last First Middle

Name Child Prefers: _____ Birth Date: _____ Sex: M F

Ethnic Background:_____Caucasian_____African-American_____Asian_____Hispanic_____Native_____Other

Parental Status:_____Married_____Divorced____Unmarried_____Guardian_____Widowed

If the child does not live with both natural parents, with whom does the child live?_____

Parent/Guardian Information

Please print clearly as this is used for the school directory and ALL communication from the school.

Father/Guardian: _____

Address: _____

City/Zip: _____

Cell Phone: _____***

Work Phone: _____

Employer: _____

Occupation: _____

Driver's License #: _____

E-mail address: _____***

***** This e-mail and phone number will be used for school correspondence and for the school directory**.

Mother/Guardian: _____

Address: _____

City/Zip: _____

Cell Phone: _____***

Work Phone: _____

Employer: _____

Occupation: _____

Driver's License #: _____

Email Address: _____***

***** This e-mail and phone number will be used for school correspondence and for the school directory.**

PLEASE FILL OUT ALL INFORMATION. AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED AND COULD RESULT IN YOUR CHILD LOSING THEIR SPOT IN THEIR CLASS