

# CATHEDRAL SCHOOL

Classic Catholic Education Since 1864

Today's Date \_\_\_\_\_

## Application for Admission

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

SEX M F (Circle One) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth \_\_\_\_\_

Ethnic: This information will be used to complete State and Federal reports (Circle One)

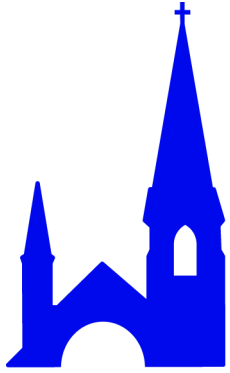
White Black Asian American Indian Hispanic Other \_\_\_\_\_

1<sup>st</sup> Language Spoken at home \_\_\_\_\_ 2<sup>nd</sup> Language Spoken at home \_\_\_\_\_

With whom does the child live? (Please circle)

Mother Father Stepmother Stepfather Legal Guardian Foster Parents

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



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Employer's Name \_\_\_\_\_ Work Hours \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Hours \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

If parents are divorced/separated, who has custody of the child(ren)? (Circle One) n/a

Father   Mother   Joint Custody   Other (Please explain) \_\_\_\_\_

Does the School have a copy of your Court Custody Order? (Circle One)   Yes   No

Is this pupil a State Ward (Circle One)   Yes   No

What was the last School attended by the student?

\_\_\_\_\_

Number of Children in Family: 1 2 3 4 5 6 7 8 9 (Circle One)

Place of Child in Family: 1 2 3 4 5 6 7 8 9 (Circle One)

Number of Children living at home: 1 2 3 4 5 6 7 8 9 (Circle One)



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Does this child have any health problems of which the School should be made aware?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

The information listed below is needed to help us continue our School Improvement process.  
Thank you for helping us.

Highest level of education of parents and stepparents: (Please write in one of the following on the lines below:)

1. Not a High School Graduate

2. High School Graduate

3. Some College

4. College Graduate

Father \_\_\_\_\_

Mother \_\_\_\_\_

Stepfather \_\_\_\_\_

Stepmother \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Date of Child's Baptism \_\_\_\_\_

Parish, City and State of Child's Baptism \_\_\_\_\_

Child's present Parish of worship? \_\_\_\_\_

ALL INFORMATION ON THIS SHEET WILL BE KEPT CONFIDENTIAL. PLEASE NOTIFY THE SCHOOL IF THE ABOVE INFORMATION CHANGES. Thank you.