ST. AUGUSTINE SCHOOL
NURSERY APPLICATION
2010/2011
(PLEASE PRINT ALL INFORMATION)

Preference: **2 days** 9-12 ____ **3 days** 9-12____ **4 days** 9-12____ **5 days** 9-12____

Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

STUDENT INFORMATION

STUDENT NAME:_____ SEX: F M
(Last) (First) (Middle)
ADDRESS:_____(___)_____
(Street) (City/Town) (Zip) (Tel. #/Area Code)
DATE OF BIRTH:_____ PLACE OF BIRTH:_____
DATE OF BAPTISM:_____ PARISH:_____ CITY/STATE:_____
ETHNIC GROUP: (Circle One) AMERICAN INDIAN ASIAN BLACK NON-HISPANIC
HISPANIC WHITE NON-HISPANIC OTHER_____

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME (include maiden):_____PLACE OF BIRTH:_____
PLACE OF EMPLOYMENT/OCCUPATION:_____
TEL. #: (___)_____EXT:_____ Cell Phone:_____
RELIGION:_____ MOTHER DECEASED: YES_____ NO_____
Email:_____

FATHER'S NAME:_____PLACE OF BIRTH:_____
PLACE OF EMPLOYMENT/OCCUPATION:_____
TEL. #: (___)_____EXT:_____ Cell Phone:_____
RELIGION:_____ FATHER DECEASED: YES_____ NO_____
Email:_____

PARENTS MARITAL STATUS? M S W D
IF PARENTS ARE SEPARATED OR DIVORCED, WHO HAS LEGAL CUSTODY?_____
(Please include name, address and telephone number of non-residing parent for our records).
_____(___)_____
(Street) (City/Town) (Zip) (Tel. #)

I AM A REGISTERED AND CONTRIBUTING MEMBER OF _____PARISH.
CITY/TOWN_____ # OF YEARS_____
(If St. Augustine Parish, please indicate envelope #_____).

THE APPLICATION FEE OF $75.00 IS NON-REFUNDABLE.

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN (S):

MOTHER:_____
FATHER:_____
GUARDIAN(S):_____

How did you hear about our school?
___website ___friend ___newspaper ad ___parishioners ___school family ___other

FOR OFFICE USE ONLY

Application #_____ Application Fee: Check #_____ Cash_____
New Family: Yes_____ No_____ Siblings Grades:_____
Status: IP_____ OP_____ NP_____
Birth_____ Baptismal_____ Health Form_____

NAP2010