

# ST. AUGUSTINE SCHOOL

## Grades K-8 APPLICATION

2010/2011

(PLEASE PRINT ALL INFORMATION)

FOR GRADE \_\_\_\_\_

IF KINDERGARTEN....

PREFERENCE: Full Modified

### 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 \$100.00 IS NON-REFUNDABLE.**

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

*How did you hear about our school?*

\_\_\_website\_\_\_ friend \_\_\_newspaper ad\_\_\_ parishioners \_\_\_school family\_\_\_ other

MOTHER: \_\_\_\_\_  
FATHER: \_\_\_\_\_  
GUARDIAN(S): \_\_\_\_\_

### FOR OFFICE USE ONLY

Application # \_\_\_\_\_ Application Fee: Check # \_\_\_\_\_ Cash \_\_\_\_\_  
New Family: Yes \_\_\_\_\_ No \_\_\_\_\_ Siblings Grades: \_\_\_\_\_ Present Pre-K \_\_\_\_\_  
Status: IP \_\_\_\_\_ OP \_\_\_\_\_ NP \_\_\_\_\_  
Birth \_\_\_\_\_ Baptismal \_\_\_\_\_ Health Form \_\_\_\_\_