



St. Frances Cabrini Catholic Elementary School

APPLICATION FORM

School Year 20__-20__

Applying for Grade _____

Preschool students must be 3 by Sept. 1st
 Kindergarten students must be 5 by Sept. 1st



Student: Last Name _____ First _____ Middle _____ Boy Girl

Place of Birth(City,State,Country)_____ Birthdate _____

Address (City,State,Zip)_____ Home Phone Number _____

Family Account # (Current Families)_____ Are you applying for financial aid? _____ (Yes) _____ (No)
 Religion: Child _____ Roman Catholic* _____ Non Catholic _____ (What religion if not Roman Catholic) _____



Ethnic Designation (one choice only, Please)
 (needed for Diocesan and NCEA statistical data)

- American Indian
- Korean
- African American
- Asian (incl. Indian sub-continent)
- Caucasian
- Filipino
- Hawaiian/Pacific Islander
- Hispanic
- Japanese
- Multi-Racial
- Vietnamese
- Chinese

LANGUAGE SPOKEN AT HOME

- English
 - Other (Specify)
- must be proficient n English)**

CITIZENSHIP

- Native born
- Naturalized
- Resident Alien
- I-20

LIVING WITH

- Both Parents
- Father
- Mother
- Guardian
- Other(Specify)

PARENTAL STATUS

- | | |
|------------------------------------|------------------------------------|
| <u>Father</u> | <u>Mother</u> |
| <input type="checkbox"/> Married | <input type="checkbox"/> Married |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Remarried | <input type="checkbox"/> Remarried |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Single | <input type="checkbox"/> Single |

CHURCH RECORDS				SCHOOL RECORDS		
	ROMAN CATHOLIC BAPTISM	ROMAN CATHOLIC RECONCILIATION	ROMAN CATHOLIC FIRST COMMUNION			
DATE				CURRENT SCHOOL		
CHURCH				ADDRESS		
CITY, STATE, COUNTRY				PHONE NUMBER		
VERIFIED BY (OFFICE)				CURRENT GRADE	Number of years attending current school	

Roman Catholic Parish Registered in _____ City _____ Env. # _____ Geographical Parish _____

	FATHER	MOTHER	GUARDIAN <small>PLEASE COMPLETE, IF APPLICABLE</small>
NAME			
E-MAIL ADDRESS			
ADDRESS WITH CITY & ZIP <small>(ONLY IF DIFFERENT THAN CHILD'S)</small>			
BIRTHPLACE			
RELIGION			
OCCUPATION			
COMPANY NAME			
BUSINESS PHONE NUMBER			
CELL PHONE NUMBER			
CELL PHONE CARRIER			

Did a current school family refer you? Yes No Name: _____ (One Name Only)

APPLICATION CHECKLIST

1. Original Birth Certificate * We'll make a copy and return immediately.
2. Previous years last report card
3. Standardized testing
4. Application fee \$45.00

Parent's signature and/or Guardian's Signature

Date