



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