

Mother's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Grade \_\_\_\_\_ High \_\_\_\_\_ College \_\_\_\_\_ Postgraduate \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Grade \_\_\_\_\_ High \_\_\_\_\_ College \_\_\_\_\_ Postgraduate \_\_\_\_\_ Religion: \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced\* \_\_\_\_\_ Separated\*\* \_\_\_\_\_ Single \_\_\_\_\_ Remarried\* \_\_\_\_\_

\*COPY OF CUSTODY/GUARDIANSHIP PAPERS REQUIRED

Name of guardian\* with whom the child is living (if not listed above) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Has this child ever received any special services for (e.g. learning disability, physical or academic impairment, communication disorder, emotional difficulty, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Child's primary language \_\_\_\_\_; primary language spoken in home \_\_\_\_\_; primary written language of parent(s)/guardian \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Admission is not determined until an admissions interview is conducted (if necessary) and confirmation is received from your previous Catholic school, if applicable, that financial obligations are current. (PS270)