

ST. BARBARA ELEMENTARY SCHOOL 2018-19 **NEW STUDENT ENROLLMENT APPLICATION**



Child's Last Name _____ First Name _____ Middle _____ Male _____ Female _____ Gr. 2018-19 _____

Address _____ City, State, Zip _____

Date of Birth: _____ City, State: _____ Ethnicity _____

Child's Soc. Sec. # _____ Religion: _____ Current Parish: _____

	DATE	PARISH	CITY, STATE
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
1 st Communion	_____	_____	_____

FAMILY RECORD:

	FATHER	MOTHER	MAIDEN NAME
Name:	_____	_____	_____

Residence: _____

Home Phone: _____

Cell Phone: _____

E-mail address _____

Birthplace: _____

Yrs. Attended School _____

Occupation: _____

Place of Employment _____

Work Phone _____

St. Barbara Elem. School Alumni Yes No Yes No

St. Barbara High School Alumni Yes No Yes No

Marital Status: Single Married Separated Divorced Father Deceased Mother Deceased

If child does not live with both parents, who has legal custody? _____

(Note: A copy of the court order stating legal custody must be on file in the school office.)

Languages spoken at home other than English: _____

EMERGENCY CONTACTS:

Phone: _____ Name: _____ Relationship: _____

Phone: _____ Name: _____ Relationship: _____

All correspondence should be addressed to: _____

Name of local public school nearest your home: _____

How did you find out about St. Barbara School? _____

New Student Application fee \$100.00 per student

Office use only: Amt. _____ Date Paid _____ Check # _____ Cash _____ M.O. _____