

OFFICE USE: \_\_\_ BC \_\_\_ SS \_\_\_ IR \_\_\_ BAP \_\_\_ FHE

## St. Francis de Sales Cathedral School

### Pre-Kindergarten 4 Application 2019-2020

Application Date:

Student Name (Last, First, Middle) :

Student Address:

Student City:

Student State:

Student ZIP Code:

Sex:

Religion:

Phone:

DOB:

Place of Birth (City, St):

Social Security #:

Birth Cert.#:

Race:  Native American  Native Hawaii/PI  
 Asian  Black  White  Two or more

Hispanic  
 Non-Hispanic

Church Parish:

Registered Parishioner? Y/N

**Is the student baptized?** Y/N

Baptism date:

Church of Baptism:

Church of Baptism City, State:

**Marital Status of student's parents:**  Married  Single  Divorced

Never Married  
 Widow

Student resides with:

**Who is the primary contact for the student? (CHOOSE ONE)**

Father

Mother

Guardian

Other

**Father's Name** (First, Middle, Last):

Deceased: Y/N

Father's Employer:

Father's Education:

Religion:

Business Address:

Business Telephone:

Email Address:

Cell Phone:

Father's Address (if different)  
(Street, City, State, Zip):

**Mother's Name**

(First, Middle, Maiden, Last):

Deceased: Y/N

Mother's Employer:

Mother's Education:

Religion:

Business Address:

Business Telephone:

Email Address:

Cell Phone:

Mother's Address (if different)  
(Street, City, State, Zip):

Guardian(if applicable):

Address:

Phone:

Religion:

**ALUMNI INFORMATION:**

**FATHER: SFS ALUMNI**  
 Yes Years: \_\_\_\_\_  No

**MOTHER: SFS ALUMNI**  
 Yes Years: \_\_\_\_\_  No

**GUARDIAN:SFS ALUMNI**  
 Yes Years: \_\_\_\_\_  No

(SEE REVERSE SIDE)

Names of Other Brothers/Sisters Attending St. Francis  
 \_\_\_\_\_  
 \_\_\_\_\_

Gr. 2018-19  
 \_\_\_\_\_  
 \_\_\_\_\_

Gr. 2019-20  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMERGENCY INFORMATION

If **parents** cannot be reached, please call:

	Name	Home Phone	Cell/Business Phone
Relative or Family Friend			
Relative or Family Friend			

Name of Child's Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Medication(ex. Inhaler, epi-pen, etc.): \_\_\_\_\_

## GRANDPARENT INFORMATION

Please provide the appropriate information on the student's grandparents.

	1.	2.	3.	4.
Name				
Address				
City, State, Zip				
Telephone				

**(Office Use Only)**

### FEE INFORMATION

Registration Fee - Supply Fee

Amount Paid: \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Tuition - Project Read – Resource - Student/Book Fee - Lab Fee

Amount Paid: \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PAYMENT OF THESE FEES DOES NOT GUARANTEE PLACEMENT IN OUR SCHOOL.**