



Application Form

(Please fill a separate application for each child)

Last Name:
 First Name:
 Middle Name:
 Grade Entering:
 Sex: M F
 Birthday: (m/d/y)
 Age: (y/m)
 Baptized: (m/d/y)

Place of Birth: (city/state/country)
 Ethnic Origin: Caucasian Black Hispanic Asian Native American Other:

Legal name of parent/guardian with whom student is living	Home Church	Home Phone	Work Phone	Occupation	Home Address
Father:					
Mother:					

In case of an accident or serious illness and the school is unable to contact me, I hereby authorize the school to take my child to the doctor and/or emergency room and/or the relative/neighbor below:

Doctor Phone Address
 Relative Phone Address

Siblings Name:	Birth Date	Siblings Name:	Birth Date
1.		4.	
2.		5.	
3.		6.	

Please initial each box:

	I agree to see that this student's tuition is cared for monthly
	I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policies in the presence of students
	I have read the school policy book and agree to support each regulation of the school, written and oral
	I hereby authorize the school to send, upon request, the permanent records to the next school to which my child may enroll

Signature of Parent/Guardian:
Date: