



**For office use only:**

Birth Certificate \_\_\_\_\_  
Baptism Certificate \_\_\_\_\_

## ADMISSIONS APPLICATION 2011-2012

\$100 per child application fee must be included with this application. This fee is non-refundable unless your child is not offered admission. Students accepted by the school will receive an acceptance letter and a registration packet.

### **CHILD'S INFORMATION:**

Applying to grade: K 1 2 3 4 5 6 7 8 (Please circle)

Child's name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Child's religion: \_\_\_\_\_

Previous school: (if applicable) \_\_\_\_\_ Address: \_\_\_\_\_

Presently enrolled siblings: \_\_\_\_\_ Previously enrolled siblings: \_\_\_\_\_

Student lives with Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

### **FAMILY INFORMATION**

Are you a registered member of the Madeleine Parish? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_

Mothers Name: Last \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fathers Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Stepparent Name (if applicable): Last \_\_\_\_\_ First \_\_\_\_\_ Religion: \_\_\_\_\_

**RECORD OF CHILD'S SACRAMENTS**

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ Church address \_\_\_\_\_

Eucharist: Date \_\_\_\_\_ Church \_\_\_\_\_ Church address \_\_\_\_\_

Reconciliation: Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you read the Admission Priority Policy Statement: Yes \_\_\_\_\_ No \_\_\_\_\_**

Please briefly describe your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any special needs of which we should be aware: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

Date application received: \_\_\_\_\_ Time application received: \_\_\_\_\_

Application fee received: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \_\_\_\_\_

Check # (if applicable) \_\_\_\_\_

Seat offered: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ Letter/Verbal

Wait listed date: \_\_\_\_\_

**Family Action:**

Date seat accepted: \_\_\_\_\_ Date seat declined: \_\_\_\_\_

Date Registration fee received: \_\_\_\_\_ Amount: \_\_\_\_\_