

DIOCESE OF MANCHESTER

Grades PreK-8

Catholic School Application\*

**Please print or type all information**

Date:

School Name:  City/Town

STUDENT INFORMATION

Student Name    Male   
Female

Address:      
Last First Middle  
Street City/State/Zip Home Phone Number

Date of Birth  Current Grade  Applying for Grade:

Present School Name and Address:

Student's Religion:  If Catholic, name/town or city of parish:

Have an educational plan (e.g., IEP, 504) or class modifications ever been recommended for this student?  Yes  No

If yes, please specify

Siblings?  Yes  No Number  Name of School:

Name of School:

PARENT/GUARDIAN INFORMATION Name of School:

Student resides with: (please check all that apply)

Father  Mother  Stepfather  Stepmother  Guardian  Other (Please specify)

Student's parents are:  Married  Separated  Divorced  Never Married  Widowed

If never married, divorced or separated, who has legal custody or decision-making responsibility of the student?  Father  Mother  Both  Other (please specify)

If never married, divorced or separated, who has physical custody or residential responsibility of the student?  Father  Mother  Both  Other (please specify)

If never married, divorced or separated, who has primary financial responsibility of the student?  Father  Mother  Both  Other (please specify)

Correspondence should be sent to:  Both parents  Father only  Mother only  Other (please specify)

\* The school admits qualified students to its programs and does not discriminate on the basis of sex, race, color, national origin, or ethnic origin, or on the basis of disability, if with reasonable accommodation, the applicant can meet the program requirements. While the school admits students of many different religions to the school, it reserves the right to give preference in admission to Catholics.

Name of Parent

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Living     Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:     E-mail:

Employer:     Title:

Business Address:     Business Phone:

Name of Parent

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Living     Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:     E-mail:

Employer:     Title:

Business Address:     Business Phone:

If applicable:

Name of Guardian

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Living     Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:     E-mail:

Employer:     Title:

Business Address:     Business Phone:

Name of Guardian

Dr.     Mr.     Mrs.     Ms.     Other (please specify)

Name:

Living     Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:

E-mail:

Employer:

Title:

Business Address:

Business Phone:

Signature of Parent:

Signature of Parent:

Signature of Guardian:

Signature of Guardian:

By checking this box, I certify that all information submitted in the admissions process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. We certify that we will update this information if it becomes outdated.

*Please note that a completed application does not guarantee admittance.*



For office use only:

Application complete upon receipt of:

Birth Certificate

Academic Records (1-8) including standardized test results (2-8)

Application Fee (if applicable)

Other Information

Received by:

Date: