

# NEW STUDENT APPLICATION



FOR SCHOOL YEAR BEGINNING MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

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STUDENT LAST NAME

STUDENT FIRST NAME

STUDENT MIDDLE NAME

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ENROLLMENT FOR GRADE

DIOCESE  
OF  
SPRINGFIELD





Student Information

Student information fields: Last Name, First Name, Middle Name, Gender (Male/Female), Address, City, State, Zip, Telephone, Social Security Number, Date of Birth, Place of Birth, Religion, Parish, City, Student Lives With (Mother and Father, Mother, Father, Other), Baptized, Date of Baptism, Parish, City, First Communion, Date of First Communion, Parish, City.

School Previously Attended (including preschool) fields: City, State, Dates Attended, Grade(s)

Will the above named child require busing? O Yes O No

Responses to the following item are not required. However, your assistance with this information is helpful with government funding.

- O White O Hispanic O Black O Hispanic (Two or More Races) O Two or More Races (Non-Hispanic) O Asian O American Indian O Native Hawaiian or Other Pacific Island O White (Egyptian) O Unknown

Preschool Applicants Only: How many days per week will your child be attending: \_\_\_\_\_

What Days: O Monday O Tuesday O Wednesday O Thursday O Friday

Family Information

Mother

Family information fields: Last Name, First Name, Cell Phone, Occupation, Place of Employment, City, State, Work Telephone, Personal E-Mail, Religion, Parish, City, State



**Family Information (Continued) Father**

\_\_\_\_\_  
Last Name First Name ( ) Cell Phone

\_\_\_\_\_  
Occupation Place of Employment City State ( ) Work Telephone

\_\_\_\_\_  
Personal E-Mail

\_\_\_\_\_  
Religion Parish City State

**Family Information (Continued) Legal Guardian/Other**

Relationship to the Student: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name ( ) Cell Phone

\_\_\_\_\_  
Occupation Place of Employment City State ( ) Work Telephone

\_\_\_\_\_  
Personal E-Mail

\_\_\_\_\_  
Religion Parish City State

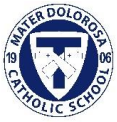
**Student Emergency Contacts/Authorized Pick-Up**

\_\_\_\_\_  
Full Name Relationship ( ) Primary Telephone

\_\_\_\_\_  
Full Name Relationship ( ) Primary Telephone

\_\_\_\_\_  
Full Name Relationship ( ) Primary Telephone

\_\_\_\_\_  
Full Name Relationship ( ) Primary Telephone



Student Medical Information

Physician Name \_\_\_\_\_ Full Address \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Full Address \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Insurance Policy Holder \_\_\_\_\_ Insurance Company Name \_\_\_\_\_ Group Number \_\_\_\_\_

If you do not have medical insurance, the Diocese of Springfield requires the purchase of school accident insurance.

Does your child have any food allergies (i.e. peanuts)? O Yes O No If yes, please list allergies and reactions.

\_\_\_\_\_

Does your child have allergic reactions (i.e. bee stings, medications)? O Yes O No If yes, please list allergies and reactions.

\_\_\_\_\_

Does your child take medications for a medical condition? O Yes O No If yes, please list medical condition, medications and dosages.

\_\_\_\_\_

Does your child require medication to be administered during school hours. O Yes O No

Does your child require special educations services? O Yes O No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Agreements

Individual Responsible for Payment of Tuition and Fee:

Last Name First Name Address City State

Parent or Guardian Signature Date

Parent or Guardian Signature Date

How did you hear about our school?: \_\_\_\_\_

\_\_\_\_\_