

**ST. STEPHEN SCHOOL
ENROLLMENT APPLICATION
2020-2021**

DATE _____

GRADE APPLYING TO _____

CHILD'S NAME			SEX	DATE OF BIRTH	PLACE OF BIRTH
Last _____	First _____	Middle _____	M <input type="checkbox"/> F <input type="checkbox"/>	Month _____ Day _____ Year _____	City _____ State _____

ADDRESS	HOME PHONE
No. and Street _____ City _____ State _____ Zip _____	_____

WHO IS THE CHILD LIVING WITH?

Natural father and mother

Other _____

FATHER (or male guardian)	U. S. Citizen	Religion	Place of Birth
Last _____ First _____ Middle _____	_____	_____	_____

Name of Employer, Business Address, City & Zip _____	Occupation _____
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Father's Email _____	Business Phone _____	Cell Phone _____
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MOTHER (or female guardian)	U. S. Citizen	Religion	Place of Birth
Last _____ First _____ Middle _____	_____	_____	_____

Name of Employer, Business Address, City & Zip _____	Occupation _____
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Mother's Email _____	Business Phone _____	Cell Phone _____
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PLEASE LIST THE NAMES AND RELATIONSHIPS OF OTHER ADULTS AND CHILDREN LIVING WITH THE CHILD

PLEASE CHECK ANY SACRAMENT(S) THE CHILD HAS RECEIVED

Catholic Non-Catholic

Baptism Date _____ Church _____ Address _____

Communion Date _____ Church _____ Address _____

Reconciliation Date _____ Church _____ Address _____

Confirmation Date _____ Church _____ Address _____

SCHOOL THE CHILD LAST ATTENDED (OR IS NOW ATTENDING)

NAME OF SCHOOL _____ NAME OF PRINCIPAL _____

ADDRESS OF SCHOOL _____ PHONE # _____

WHAT GRADE IS YOUR CHILD CURRENTLY IN? _____

A COPY OF MOST RECENT REPORT CARD MUST BE RECEIVED WITH APPLICATION

PLEASE LIST ALL OTHER SCHOOLS THE CHILD HAS ATTENDED AND THE GRADES FOR EACH

DO YOU HAVE ANY CHILDREN ALREADY ATTENDING ST. STEPHEN SCHOOL? IF YES, PLEASE LIST THEIR NAMES AND CURRENT GRADES

WHETHER YOU ARE CATHOLIC OR NOT, WE NEED TO KNOW WHICH CATHOLIC CHURCH YOU LIVE CLOSEST TO (WHICH PARISH ARE YOU IN?)

IF YOU ARE CATHOLIC, ARE YOU REGISTERED IN A PARISH? IF YES, WHICH ONE? IF ST. STEPHEN CHURCH PLEASE INDICATE YOUR ENVELOPE NUMBER

_____ Envelope Number: _____

IF YOUR CHILD IS CATHOLIC AND NOT ATTENDING CATHOLIC SCHOOL, WHERE DOES HE/SHE ATTEND CCD CLASSES?

DID SOMEONE REFER YOU TO ST. STEPHEN SCHOOL? PLEASE LIST NAME(S).

THE ARCHDIOCESE BOARD OF EDUCATION REQUIRES US TO ASK YOU THE RACE OF THIS CHILD

Please check one box:

- Native American African American Multi-Racial/Non-White Chinese Indo-Chinese
- Japanese Korean Other Asian Filipino White Nat
- Hawa/Pac Island/Samoan Latino

Please also check whether this child is: Hispanic or Non-Hispanic

PLEASE EXPLAIN THE REASON(S) YOU ARE APPLYING TO ST. STEPHEN SCHOOL. (IF YOU NEED MORE ROOM PLEASE ATTACH PAGE.)

FOR OFFICE USE ONLY: APPLIC. CK #: _____ AMOUNT: _____ DATE: _____

VERIFICATION DOB: _____ BAPTISMAL CERT. _____ BIRTH CERT.: _____

REG. CK #: _____ AMOUNT: _____ DATE: _____

COPY OF REPORT CARD _____

