

**ST. STEPHEN SCHOOL
ENROLLMENT APPLICATION
2023-2024**

DATE _____

GRADE APPLYING TO _____

CHILD'S NAME

SEX

DATE OF BIRTH

PLACE OF BIRTH

Last _____ First _____ Middle _____

M F

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

Father's Email

Business Phone

Cell Phone

MOTHER (or female guardian)

U. S. Citizen

Religion

Place of Birth

Last _____ First _____ Middle _____

Name of Employer, Business Address, City & Zip

Occupation

Mother's Email

Business Phone

Cell Phone

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 WHY YOU ARE APPLYING TO ST. STEPHEN SCHOOL. PLEASE TAKE TIME TO FILL THIS SECTION OUT COMPLETELY. THANK YOU. (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 _____