

ST. STEPHEN SCHOOL ENROLLMENT APPLICATION 2021-2022			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?				
<input type="checkbox"/> Natural father and mother <input type="checkbox"/> 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				
<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Baptism Date _____ Church _____ Address _____ <input type="checkbox"/> Communion Date _____ Church _____ Address _____ <input type="checkbox"/> Reconciliation Date _____ Church _____ Address _____ <input type="checkbox"/> 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 _____