

**ST. STEPHEN SCHOOL
KINDERGARTEN APPLICATION
2019-2020**

Date _____
Grade Applying to KINDERGARTEN

Child's Name Last First Middle	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth _____	Place of Birth _____
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Address No. and Street City State Zip	Home Phone _____
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Who is the child living with?
 Natural father and mother Natural mother and step father Natural father and step mother
 Natural father and mother alternating between separate households
 Other _____

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

IS YOUR CHILD BAPTIZED? Yes No Religion _____

BAPTISM DATE _____ PLACE _____

Church Address City State

CHILDREN APPLYING TO KINDERGARTEN MUST BE ENROLLED IN A 5-DAY LICENSED AND/OR ACCREDITED PRE-SCHOOL PROGRAM.

PRESCHOOL THE CHILD IS ATTENDING:

NAME OF SCHOOL _____ NAME OF PRINCIPAL _____

ADDRESS OF SCHOOL _____

PHONE NUMBER OF SCHOOL _____

HOW MANY DAYS A WEEK IS YOUR CHILD IN PRESCHOOL? _____

PLEASE LIST ALL PRESCHOOLS THE CHILD HAS ATTENDED:

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: _____

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:

- | | | | | |
|---|---|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> African American | <input type="checkbox"/> Multi-Racial/non-white | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indo-Chinese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Filipino | <input type="checkbox"/> White |
| <input type="checkbox"/> Nat Hawa/Pac Island/Samoan | <input type="checkbox"/> 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: _____

