## Date ST. STEPHEN SCHOOL KINDERGARTEN APPLICATION Grade Applying to 2022-2023 KINDERGARTEN Child's Name Date of Birth Place of Birth Sex $M \square F \square$ First Middle Last Home Phone Address No. and Street City State Zip 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 U.S. FATHER (or male guardian) Religion Place of Birth Citizen Middle First Name of Employer, Business Address, City & Zip Occupation Father's Email **Business Phone** Cell Phone MOTHER (or female guardian) U.S. Religion Place of Birth Citizen First Middle Name of Employer, Business Address, City & Zip Occupation Mother's Fmail Business Phone Cell Phone 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 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 PRINCIPAL NAME OF SCHOOL 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:  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: A	APPLIC. CK #:	_ AMOUNT:	_ DATE:	
,	VERIFICATION DOB:	BAPTISMA	BIRTH CERT.:	
	REG. CK #:	_AMOUNT:	DATE:	