Date ST. STEPHEN SCHOOL KINDERGARTEN APPLICATION Grade Applying to 2023-2024 KINDERGARTEN Place of Birth Child's Name Sex Date of Birth $M \square F \square$ First _____ Middle Last Address Home Phone City State Zip No. and Street 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 FATHER (or male guardian) U.S. Religion Place of Birth Citizen 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 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 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 PRESCHOOL 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					
WHICH SCHOOLS ARE YOU APPLYING TO?					
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IF YOU ARE CATHOLIC, ARE YOU REGISTERED IN A PARISH? IF YES, WHICH ONE? IF YOU ARE REGISTERED AT 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 WHY YOU ARE APPLYING TO ST. STEPHEN SCHOOL. PLEASE TAKE THE TIME TO FILL THIS SECTION OUT COMPLETELY. THANK YOU. (IF YOU NEED MORE ROOM PLEASE ATTACH PAGE)					

FOR OFFICE USE ONLY:				
	VERIFICATION DOB:	BAPTISMA	L CERT.:	BIRTH CERT.:
	REG. CK #:	AMOUNT:	DATE:	