

**ST. STEPHEN SCHOOL
ENROLLMENT APPLICATION
2025-2026**

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 #

FOR OFFICE USE ONLY: APPLIC. CK #: _____ AMOUNT: _____ DATE: _____

VERIFICATION DOB: _____ BAPTISMAL CERT. _____ BIRTH CERT.: _____

REG. CK #: _____ AMOUNT: _____ DATE: _____

COPY OF REPORT CARD _____