

DIOCESE OF MANCHESTER

Grades PreK-8

Catholic School Application*

Please print or type all information

Date:

School Name: City/Town

STUDENT INFORMATION

Student Name Male
Female

Address:
Last First Middle
Street City/State/Zip Home Phone Number

Date of Birth Current Grade Applying for Grade:

Present School Name and Address:

Student's Religion: If Catholic, name/town or city of parish:

Have an educational plan (e.g., IEP, 504) or class modifications ever been recommended for this student? Yes No

If yes, please specify

Siblings? Yes No Number Name of School:

Name of School:

PARENT/GUARDIAN INFORMATION

Name of School:

Student resides with: (please check all that apply)

Father Mother Stepfather Stepmother Guardian Other (Please specify)

Student's parents are: Married Separated Divorced Never Married Widowed

If never married, divorced or separated, who has legal custody or decision-making responsibility of the student? Father Mother Both Other (please specify)

If never married, divorced or separated, who has physical custody or residential responsibility of the student? Father Mother Both Other (please specify)

If never married, divorced or separated, who has primary financial responsibility of the student? Father Mother Both Other (please specify)

Correspondence should be sent to: Both parents Father only Mother only Other (please specify)

* The school admits qualified students to its programs and does not discriminate on the basis of sex, race, color, national origin, or ethnic origin, or on the basis of disability, if with reasonable accommodation, the applicant can meet the program requirements. While the school admits students of many different religions to the school, it reserves the right to give preference in admission to Catholics.

Name of Parent

Dr. Mr. Mrs. Ms. Other (please specify)

Name: Living Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone: E-mail:

Employer: Title:

Business Address: Business Phone:

Name of Parent

Dr. Mr. Mrs. Ms. Other (please specify)

Name: Living Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone: E-mail:

Employer: Title:

Business Address: Business Phone:

If applicable:

Name of Guardian

Dr. Mr. Mrs. Ms. Other (please specify)

Name: Living Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone: E-mail:

Employer: Title:

Business Address: Business Phone:

Name of Guardian

Dr. Mr. Mrs. Ms. Other (please specify)

Name:

Living Deceased

Maiden Name

Relationship to Student:

Home Address:

Cell Phone:

E-mail:

Employer:

Title:

Business Address:

Business Phone:

Signature of Parent:

Signature of Parent:

Signature of Guardian:

Signature of Guardian:

By checking this box, I certify that all information submitted in the admissions process, including supporting materials, is factually accurate and honestly presented. I understand that if such information is inaccurate or false, the student's admission may be revoked. We certify that we will update this information if it becomes outdated.

How did you hear about us?

Please note that a completed application does not guarantee admittance.

For office use only:



Application complete upon receipt of:

- Birth Certificate
- Academic Records (1-8) including standardized test results (2-8)
- Application Fee (if applicable)

Other Information

Received by:

Date: