



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: Parish name and town:

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

If yes, please specify

Siblings? Yes No
Number Name: Grade

Name: Grade

PARENT/GUARDIAN INFORMATION Name: Grade

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 Mother

Dr. 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 Father

Dr. Mr. Other (please specify)

Name:

Living Deceased

Home Address:

Cell Phone:

E-mail:

Employer:

Title:

Business Address:

Business Phone:

If this student is under the care of a stepparent or guardian, please attach Addendum A.

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.

Signature of Parent:

Signature of Parent:

Please note that a completed application does not guarantee admittance.

How did you hear about us?

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)

Received by:

Date: