

OFFICE USE: ___ BC ___ SS ___ IR ___ BAP ___ FHE ___ FOP ___ LA

St. Francis de Sales Cathedral School

Pre-Kindergarten 3 Application 2021-2022

Application Date:

Student Name (Last, First, Middle) :

Student Address:

Student City:

Student State:

Student ZIP Code:

Sex:

Religion:

Phone:

DOB:

Place of Birth (City, St):

Social Security #:

Birth Cert.#:

RACE:(Check all that apply) Native American
Native Hawaii/PI Asian Black/African American
White Two or More (Please specify below)

Check one:

Hispanic
Non-Hispanic

If Catholic, please complete:
Church Parish:

Registered Parishioner? Y N
How long?

Is the student baptized? Y N

Baptism date:

Church of Baptism:

Church of Baptism City, State:

Marital Status of student's
parents: Married Single Divorced

Never Married
Widow

Student resides with:

Who is the primary contact for
the student? (CHOOSE ONE)

Father Mother Guardian Other

Father's Name (First, Middle, Last):

Deceased: Y/N

Father's Employer:

Father's Education:

Religion:

Business Address:

Business Telephone:

Email Address:

Cell Phone:

Father's Address (if different)
(Street, City, State, Zip):

Mother's Name

(First, Middle, Maiden, Last):

Deceased: Y/N

Mother's Employer:

Mother's Education:

Religion:

Business Address:

Business Telephone:

Email Address:

Cell Phone:

Mother's Address (if different)
(Street, City, State, Zip):

Guardian(if applicable):

Address:

Phone:

Religion:

ALUMNI INFORMATION:

FATHER: SFS ALUMNI

Yes Years: _____ No

MOTHER: SFS ALUMNI

Yes Years: _____ No

GUARDIAN:SFS ALUMNI

Yes Years: _____ No

(SEE REVERSE SIDE)

Names of Other Brothers/Sisters Attending St. Francis

Gr. 2020-21

Gr. 2021-22

EMERGENCY INFORMATION

If **parents** cannot be reached, please call:

	Name	Home Phone	Cell/Business Phone
Relative or Family Friend			
Relative or Family Friend			

Name of Child's Physician _____ Office Phone # _____

Allergies: _____

Emergency Medication(ex. Inhaler, epi-pen, etc.): _____

GRANDPARENT INFORMATION

Please provide the appropriate information on the student's grandparents.

	1.	2.	3.	4.
Name				
Address				
City, State, Zip				
Telephone				

(Office Use Only)

FEE INFORMATION

Registration Fee - Supply Fee (Not refundable)

Amount Paid: _____ Check No. _____ Cash _____ Date ____/____/____

Tuition - Project Read – Resource - Student/Book Fee - Lab Fee (See handbook for refund policy.)

Amount Paid: _____ Check No. _____ Cash _____ Date ____/____/____

PAYMENT OF THESE FEES DOES NOT GUARANTEE PLACEMENT IN OUR SCHOOL.