

OFFICE USE: \_\_\_ BC \_\_\_ SS \_\_\_ IR \_\_\_ BAP \_\_\_ FHE \_\_\_ FOP \_\_\_ LA

# St. Francis de Sales Cathedral School

## 1<sup>ST</sup>- 7<sup>TH</sup> Grade Application 2021-2022

Application Date: \_\_\_\_\_ Grade applying for 21-22 school year: \_\_\_\_\_ Previous School: \_\_\_\_\_

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: \_\_\_\_\_

Student received Sacrament of  
First Holy Communion? Y N

Communion  
date: \_\_\_\_\_

Church of Communion: \_\_\_\_\_

Church of Communion 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: \_\_\_\_\_

<b>ALUMNI INFORMATION:</b>	<b>FATHER: SFS ALUMNI</b>	<b>MOTHER: SFS ALUMNI</b>	<b>GUARDIAN:SFS ALUMNI</b>
	<input type="checkbox"/> Yes Years:_____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Years:_____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Years:_____ <input type="checkbox"/> No

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.**