

STUDENT INFORMATION

Child's Legal Last Name		First Name	Middle Name	Sex	Nickname (goes by)		Date of Birth	Place of Birth (City/State)		Grade in Sept	
Religion		Ethnicity	Home Address		City		State	Zip	Home Phone		Age as of Sept 1 2019
School currently attending		School Address			City		State	Zip	School Phone		Sibling of current student _____
											Date of Baptism _____
											Date of 1 st _____
											Reconciliation _____
											Date of 1 st _____
											Eucharist _____
What is the primary language spoken at home?			Have you applied for admission to St. Bonaventure School for this child previously? If so, when?			List names and grades of siblings currently attending St. Bonaventure School.					
Is child attending Religious Education classes? ___yes ___no						How many children from this family are applying for admission? For what grades? <u>Do not count siblings currently attending.</u>					

FAMILY INFORMATION

Who does the child live with? Check all that apply. ___Both parents together ___Father only ___Mother only ___Father & Stepmother ___Mother & Stepfather ___Other relative ___Foster Parent				Are parents married to each other? ___yes ___no Are parents separated? ___yes ___no Divorced? ___yes ___no If divorced, is either parent remarried? Father: ___yes ___no Mother: ___yes ___no If parents are separated or divorced, who has legal custody? ___Father ___Mother ___Joint Custody			
Are you registered members of St. Bonaventure Parish? _____ If yes, what is your envelope number? _____ If no, are you planning to join the Parish? _____		Are you registered members of another Church? _____ If yes, what Church? _____		Is either parent a graduate of St. Bonaventure School? _____ If yes, give name and year of graduation.			

Father's Legal Last Name		First Name	Middle Name	Religion	Place of Birth (City/State)		Ethnicity	Cell Phone
Occupation		Employer	Business Address		City	State	Zip	Business Phone
Marital Status	Email Address		Home Address		City State		Zip	Home Phone
Mother's Legal Last Name		First Name	Maiden Name	Religion	Place of Birth (City/State)		Ethnicity	Cell Phone
Occupation		Employer	Business Address		City	State	Zip	Business Phone
Marital Status	Email Address		Home Address		City		State	Zip
Guardian's Last Name (if other than parent)		First Name	Middle Name	Religion	Place of Birth (City/State)		Relationship	Cell Phone
Occupation		Employer	Business Address		City	State	Zip	Business Phone
Marital Status	Email Address		Home Address		City		State	Zip

****Application is not complete without a copy of the child's Birth Certificate and Copies of their Baptismal Certificate and 1st Communion Certificates (if applicable)****

APPLICATION FOR ADMISSION TO ST. BONAVENTURE SCHOOL

EXTENDED DAY CARE: Are you interested in Extended Day Care? yes full time part time occasional drop-in no

HEALTH

Child is right handed left handed Does child have a history of ear infections? yes no Tubes in ears? yes no
Does child have any speech difficulty? yes no If yes, please explain.

Does child have any physical conditions or allergies that the teacher should be aware of? yes no If yes, please explain.

Does child have diagnosed learning exceptionalities (ADHD, Autism Spectrum, Dyslexia)?

Is there anything else the teacher should be aware of in order to be more helpful to your child?

If applying for Saints Sprouts, Kindergarten or grade 1, please attach a small photo of your child here.

PARISH SUPPORT AND INVOLVEMENT

Do you support the Parish financially? Check all that apply:
yes regularly occasionally Sunday envelopes cash in basket no

What is your envelope number? _____
don't know don't get envelopes not registered at this Parish
from another Parish not Catholic

Have you made any pledges or donations to the following?
School Endowment Fund St. Bonaventure School Annual Appeal
Building Fund Diocesan Pastoral Services Appeal

Would financial assistance be required for your child to attend St. Bonaventure School? _____

How are you involved in the Parish? What activities or ministries do you participate in?

WHY DO YOU WANT YOUR CHILD TO ATTEND ST. BONAVENTURE SCHOOL?

Continue on back of page if more space is needed.

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Name of person submitting application (please print) _____ **Signature** _____ **Date:** _____

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