

CHECK ALL THOSE THAT APPLY

- Parents Married
- Parents not married
- Mother Deceased

- Parents Separated
- Single Parent Family
- Father Deceased

- Parents Divorced
- Mother Remarried
- Father Remarried

GUARDIANSHIP (if applicable)

Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical, or shared custody

Student's legal guardian (if other than parent) _____

Relationship to the student _____

TRANSFER STUDENTS ONLY: Does this student have an IEP? Yes No

Please note any information necessary for management in an emergency situation

Examples: Medical or dietary special conditions, food allergies, Diagnosis of Special Needs

BROTHERS / SISTERS IN ORDER OF BIRTH:

<u>Name</u>	<u>Male/Female</u>	<u>Date of Birth</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SACRAMENTAL INFORMATION: (Baptismal Certificates do not need to be included if Child was baptized at I.C.)

<u>Date</u>	<u>Church</u>	<u>City and State</u>
_____	_____	_____
Baptism	_____	_____
_____	_____	_____
First Holy Communion	_____	_____
_____	_____	_____
Reconciliation	_____	_____

Parent/Guardian Signature _____

Date _____

As JFK Catholic is a private, non-public institution, the administration reserves the right to refuse or terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time. False information on this and any of the application documents may cause a forfeit of admission consideration or enrollment if discovered after the student is accepted for enrollment. The above statement and this application for admission are inclusive of all application documents. Completion of this application also serves as an agreement to comply with all financial obligations for continued student enrollment.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date Received _____ Fee Paid: Cash _____ Check# _____ Fee Waived _____
 Forms Included: Birth/Baptismal Certificate _____ Immunization Records _____