



All Saints

CATHOLIC ACADEMY

Student Enrollment Form

Date: _____ Home Parish: _____ Entering Grade: _____

Child's Name: _____ Date of Birth: _____ Gender: M / F (circle one)

Address: _____ City: _____ Zip: _____ Phone: _____

Place of Birth: _____ School Last Attended: _____

Demographic information for State and National purposes

Ethnicity (circle one): Hispanic/Latino Not Hispanic/Latino

Race (circle all that apply): Caucasian Black AM Indian Asian/Pacific Islander Multi-Racial

Child's Religion: _____ Baptism Date: _____ Church: _____

Reconciliation: (Y / N) Date: _____ Church: _____

First Communion: (Y / N) Date: _____ Church: _____

Confirmation: (Y / N) Date: _____ Church: _____

Child Lives With: (circle all that apply)

Both Parents Mother Father Relative

Guardian Stepmother Stepfather Other

If mother and father divorced, who has legal custody? _____

Do mother and father have joint custody? (Y / N)

Name of the person with whom you have joint custody: _____

Certified copy of custody agreement and joint parenting agreement, if any, MUST be attached to this form.

Is there a protective order in place regarding your child? (Y / N)

Certified copy of Protective Order, if any, MUST be attached to this form.

Special Needs

Has this child been attending Special Education or Title I classes? (Y / N)

Does this child have special needs of which the school should be aware? (Y / N) If yes, please explain or attach explanation to this form:

Are there special circumstances about the child's home or school situation of which the school should be aware? (Y / N) If yes, please explain:

Father's Name:

(circle) Married Separated Divorced Single Remarried Deceased

Place of Birth: Religion:

Address: City: Zip:

Email address:

Cellular #: Cellular Carrier: (must have to receive text alerts)

Home #: Work #:

Occupation: Employer:

Mother's Name:

(circle) Married Separated Divorced Single Remarried Deceased

Place of Birth: Religion:

Address: City: Zip:

Email address:

Cellular #: Cellular Carrier: (must have to receive text alerts)

Home #: Work #:

Occupation: Employer:

If applicable, please circle one and complete the following information: Stepmother Guardian Other

Name:

Place of Birth: Religion:

Address: City: Zip:

Email address:

Cellular #: Cellular Carrier:

Home #: Work #:

Occupation: Employer:

My/our signature indicates I/we agree to abide by the policies of the School and Diocese.

Custodial Parent/Guardian Name:(print) Signature:

Custodial Parent/Guardian Name:(print) Signature:

Tuition to be paid by:

This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and the student/parent. The School reserves the Right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued by the School (including, but not limited to, the student handbook) should be considered to be a "contract."