

ST. STEPHEN SCHOOL

355 Grafton Street

Worcester, MA 01604

508.755.3209 Fax 508.770.1052

Fully Accredited by the New England Association of Schools and Colleges

Application Pre-K-8

GRADE ENTERING _____

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ TELEPHONE _____

PLACE OF BIRTH _____ MALE _____ FEMALE _____

DATE OF ADMISSION _____ DATE OF BIRTH: YEAR _____ MONTH _____ DAY _____

SCHOOL LAST ATTENDED _____ GRADE _____

FATHER'S NAME _____ ADDRESS _____

EMAIL ADDRESS _____ MOBILE PHONE # _____

MOTHER'S NAME: LAST _____ FIRST _____ MAIDEN NAME _____

MOTHER'S ADDRESS _____

EMAIL ADDRESS _____ MOBILE PHONE # _____

GUARDIAN _____ ADDRESS _____

CHURCH OF BAPTISM OF CHILD _____ YEAR _____ MONTH _____ DAY _____

CHURCH OF FIRST COMMUNION OF CHILD _____ YEAR _____ MONTH _____ DAY _____

CHURCH OF RECONCILIATION OF CHILD _____ YEAR _____ MONTH _____ DAY _____

FATHER'S BIRTHPLACE: CITY _____ STATE _____ CHURCH OF REGISTRATION _____

MOTHER'S BIRTHPLACE: CITY _____ STATE _____ CHURCH OF REGISTRATION _____

FATHER'S RELIGION _____ MOTHER'S RELIGION _____

FIRST LANGUAGE SPOKEN AT HOME IF NOT ENGLISH _____

IS YOUR CHILD ON AN I.E.P. (INDEPENDENT EDUCATION PLAN)? YES _____ NO _____

PLEASE SEND ALL MAIL TO:

PARENT/LEGAL GUARDIAN(S) NAME(S):

ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____

PRE-K APPLICANTS ONLY

1ST Choice: 5 DAYS

2ND Choice (please circle 3 or 4 days requested*)

MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

DATE RECEIVED _____ (office use only)

Fee Paid: check # _____ cash _____ amount _____

**Please note that 5 full day slots will be filled first.
Alternate day requests will be filled on a first come basis.*