



St. Edward's Catholic School  
Application for Admission  
2019-2020

Attach non-refundable application fee

Office Use Only  
Date Received:  
Paid:

Child's Legal Name: \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Last First Middle  
Name Child Prefers: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Race: \_\_\_\_\_Caucasian \_\_\_\_\_Hispanic \_\_\_\_\_Native \_\_\_\_\_Other Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_  
\_\_\_\_\_African-American \_\_\_\_\_Asian  
Parental Status: \_\_\_\_\_Married \_\_\_\_\_Divorced \_\_\_\_\_Unmarried \_\_\_\_\_Guardian \_\_\_\_\_Widowed  
If the child does not live with both natural parents, with whom does the child live? \_\_\_\_\_

**Parent/Guardian Information**

Father/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_\*  
City/Zip: \_\_\_\_\_\*  
Cell Phone: \_\_\_\_\_\*  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Email Address: \_\_\_\_\_\*

Mother/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_\*  
City/Zip: \_\_\_\_\_\*  
Cell Phone: \_\_\_\_\_\*  
Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Email Address: \_\_\_\_\_\*

\* This e-mail, phone number and address will be used for school correspondence and for the school directory.

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**PRE-K**

**SELECT CLASS**  
3 year - old Pre-K Program - 4 Day AM PM  
4 year - old Pre-K Program - 4 Day AM PM  
3 year - old Extended Day (7:30am - 5:30 pm) - 5 DAY \_\_\_\_\_  
4 year - old Extended Day (7:30am - 5:30 pm) - 5 DAY \_\_\_\_\_

**PLEASE FILL OUT ALL INFORMATION. AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED AND COULD RESULT IN YOUR CHILD LOSING THEIR SPOT IN THEIR CLASS**