

STUDENT APPLICATION FOR ADMISSIONS

This application is good for one year, renewable annually.

All new applicant, please submit this completed application with the non-refundable testing fee (35.00 for grades 1-12).

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STUDENT INFORMATION

GRADE REQUESTED: _____

Name (Last, First, Middle) _____

Home Telephone No. _____

Mailing Address _____

Physical Address _____

City/State/Zip _____

City/State/Zip _____

Date of Birth _____

Place of Birth _____

Male ___ / Female ___ Citizenship _____

S/S Number _____

Last school attended and grade _____

Ethnicity _____

Has the student previously been enrolled in All Saints Cathedral School? If so, what years? _____

FAMILY INFORMATION

Parent/Guardian Name _____

Parent/Guardian Name _____

Relationship to Student _____

Relationship to Student _____

Mailing Address _____

Mailing Address _____

Physical Address _____

Physical Address _____

Home Telephone No. _____

Home Telephone No. _____

Cell Phone No. _____

Cell Phone No. _____

E-mail Address _____

E-mail Address _____

Employer _____

Employer _____

Employer Telephone No. _____

Employer Telephone No. _____

Occupation/Title _____

Occupation/Title _____

Student lives with: Both parents ___ Mother ___ Father ___ Guardian ___ Other ___

EMERGENCY CONTACT (OTHER THAN THE PARENTS OR PRIMARY GUARDIAN)

Name: _____

Relationship: _____

Daytime Telephone No. _____

Cell Telephone No. _____

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I certify that the information given in this application is complete and correct. If the student is admitted to All Saints Cathedral School, I hereby certify that I will adhere to the school's regulations and ensure payment of tuition fees and other financial liabilities to the school.

Parent/Guardian Signature _____

Date _____