



Educated,  
Prepared,  
Connected in Faith.

# All Saints Cathedral School

Episcopal  
P.O. Box 308, St. Thomas, U.S. Virgin Islands 00804-0308  
Tel: (340) 774-0231 Fax: (340) 774-1707

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## 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).

### STUDENT INFORMATION

|                                                                                                   |                          |
|---------------------------------------------------------------------------------------------------|--------------------------|
| Name (Last, First, Middle) _____                                                                  | Grade Requested: _____   |
| Mailing Address _____                                                                             | Home Telephone No. _____ |
| _____                                                                                             | Physical Address _____   |
| _____                                                                                             | _____                    |
| Date of Birth _____                                                                               | Place of Birth _____     |
| 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 and Physical Address _____                                              | Mailing and Physical Address _____ |
| _____                                                                           | _____                              |
| Citizenship _____                                                               | Citizenship _____                  |
| Home Telephone No. _____                                                        | Home Telephone No. _____           |
| Daytime Telephone No. _____                                                     | Daytime Telephone No. _____        |
| E-mail Address _____                                                            | E-mail Address _____               |
| Employer _____                                                                  | Employer _____                     |
| Occupation/Title _____                                                          | Occupation/Title _____             |
| Student lives with: Both parents _____ Mother _____ Father _____ Guardian _____ |                                    |

### Emergency contact (other than the Parents or Primary Guardian)

|                             |                              |
|-----------------------------|------------------------------|
| Name: _____                 | Relationship: _____          |
| Daytime Telephone No. _____ | Cellular Telephone No. _____ |

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 \_\_\_\_\_