



# St. Patrick Catholic Academy

## Admission Application

Grade Applying for: \_\_\_\_\_

**Please complete and return with \$100 non-refundable application fee for new families.  
Please note that applications will not be processed without payment.**

**If applying to Nursery:** Circle option interested in: 3 Half Days | 3 Full Days | 5 Half Days | 5 Full Days

### Student Information

Student's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First M.I.*

Gender: Male Female

Student's Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Country: \_\_\_\_\_ City & State: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

Is Student Bilingual? Yes No If yes, what other language(s) does he or she speak? \_\_\_\_\_

Student's Ethnicity: White Black Hispanic Asian Native American/Native Alaskan Native Hawaiian/Pacific Islander

Parent's Marital Status: \_\_\_\_\_ Custodial Parent: \_\_\_\_\_

### **Siblings:**

Name School: \_\_\_\_\_

Name School: \_\_\_\_\_

Name School: \_\_\_\_\_

Current School Name, Address & Telephone #: \_\_\_\_\_

Does student have an IEP or 504/receive support services (please attach most recent documentation):

Speech PT OT SETSS SEIT

Other: \_\_\_\_\_

## Parent 1

First Name: \_\_\_\_\_ **Relationship to Student:** *Circle: Mother | Father | Guardian*  
Last Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
  
Parish Affiliation: \_\_\_\_\_  
Are you an alumni of St. Patrick's? \_\_\_\_\_ Class Year: \_\_\_\_\_

## Parent 2

First Name: \_\_\_\_\_ **Relationship to Student:** *Circle: Mother | Father | Guardian*  
Last Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
  
Parish Affiliation: \_\_\_\_\_  
Are you an alumni of St. Patrick's? \_\_\_\_\_ Class Year: \_\_\_\_\_

## Student's Sacramental Information

Baptism Church: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
Penance Church: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
First Communion Church: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_