

Baptismal Information: (if applicable)

Date _____

Church _____

Address _____

Last School Attended _____

Address _____

Does your child have any medical conditions the school personnel need to be aware of? _____ yes _____ no

If yes please explain: _____

Does your child have any food allergies? _____ yes _____ no

If yes, please list _____

List any dietary restrictions: _____

Other children in family:

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

e-mail address _____

Parent Signature

Date

***New students are granted admission on a probationary basis. New students and their families should be cognizant of, and willing to comply with, all school expectations. Administration reserves the right to revoke admission of any student if problems arise during the probationary period.**