

Application Date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

**APPLICATION FOR ADMISSION for 2016 - 2017 Year**

**\$15.00 Application Fee to accompany this application.**

*\* Copies of Birth certificate, Health Exam for School Entry, Immunization record, Baptism, and 1<sup>st</sup> Communion certificates, and a copy of latest report card and standardized testing results must accompany this application.*

**Student Name:** \_\_\_\_\_  
Last First Middle Initial Email address

**Birth Date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
Mo./day/year City State Country

**Home Address:** \_\_\_\_\_  
City State Zip Code

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell#** (\_\_\_\_) \_\_\_\_\_

**What parish do you attend?** \_\_\_\_\_  
Church Address City

Are you a registered member? Yes / No If YES, give Parish envelope number: # \_\_\_\_\_

List the schools attended most recent first (include addresses)

School Name	Address	City /State /Zip	School Name	Address	City /State /Zip

**Reason for applying to St. Cyprian School:**

\_\_\_\_\_  
\_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
Last First Middle Initial Birthplace City/State/Country

**Residence Address:** \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer City: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Last First Middle Initial Maiden Name Birthplace City/State/Country

**Residence Address:** \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer City: \_\_\_\_\_

Check home conditions:

- Both Parents       Parent & Step Parent       Single Parent Home
- Parents Separated       Parents Divorced       Father Remarried
- Father Deceased       Mother Deceased       Mother Remarried
- Mixed Religion  ..... please name Religions: \_\_\_\_\_

\_\_\_\_\_

List Names & Address of Person(s) with whom student lives *if different from Parents*

\_\_\_\_\_

Relationship of this person to the student

\_\_\_\_\_

Name of family members currently attending or alumni of St. Cyprian School – List relationship (brother, sister, cousin, etc.)

**Sacramental Information:**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Baptism Date    Church    City/State

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

First Reconciliation Date    Church    City/State

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

First Communion Date    Church    City/State

Indicate which Sacrament preparation is requested:    Baptism                           Reconciliation                           Communion

**Application completed by:** \_\_\_\_\_ **Relation to Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Promptly return completed application, requested documents & \$15.00 fee to the school office.**

*Available classroom space, a favorable report from previous school and an optional interview will determine student's acceptance to St. Cyprian Parish School.*

**Do Not Write in this Box.      Office Use Only:**

**\$15 Application Fee Received**  Ck# \_\_\_\_\_  Cash

Certificates Received:    Birth     Baptismal     Immunizations     Health Exam for School Entry

First Reconciliation       First Communion       Report Card       Standardized Testing

Notes: \_\_\_\_\_

\_\_\_\_\_