

Application Date: _____

KINDERGARTEN
APPLICATION FOR ADMISSION for 2016 - 2017 Year

\$5.00 Application Fee to accompany this application.
\$25.00 Assessment Fee is due on or before the day of assessment.

** Copies of Birth, Health Exam for School Entry, Immunization record, and Baptism 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: (____) _____ **Pager/Cell#** (____) _____

What parish do you attend? _____
Church Address City

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

Including Pre-school, 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: _____

Child's Name: _____

- Please list your child's favorite indoor play activities _____

- Please list your child's favorite outdoor play activities _____

- Does the child have any special fears that we need to be aware of? Please explain _____

- Does the child have any speech problems that we need to be aware of? Please explain _____
_____ Language spoken at home _____
- Please list any special needs (hearing, vision, other) that may affect your child's learning.

- Please list any special health concerns (asthma, allergies, or physical limitations).

- If your child is currently under a physician's care, please explain.

- Please list any other information about your child you would like us to know.

- How did you hear about St. Cyprian Parish School? _____
