(562) 425-7341 www.stcyprianschool.org

Application Date:	

<u>KINDERGARTEN</u> 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 I	nitial	Email address
Birth Date:	Rirthn	lace:			
Mo./day/y	ear Bittip	C	lity	State	Country
Home Address:			G.		7: 0.1
Home Phone: ()_		D	City ager/Cell# ()		State Zip Code
110me 1 none. ()			age1/Cell# ()		
What parish do you a	attend?				
	Churc	n	Address	S	City
Are you a registered m	nember? Yes / N	Io If YES,	give Parish envelope r	number: #	
Including Pre-school,	list the schools at	tended most recent fir	est (include addresses)		
School Name	Address	City /State /Zip	School Name	Address	City /State /Zip
School Name	Address	City/State/Zip	School Name	Address	City/State/Zip
Reason for applying	to St. Cyprian S	chool:			
Father's Name: Last	First	Middle Initi		Birthplace City	y/State/Country
Residence Address:					
Religion	Occ	upation			
Employer Name:			Employer City:		
Mother's Name:					
Last Residence Address:	Fir	st Middle l	Initial Maiden Name	Birthplace	City/State/Country
Religion	Occ	upation			
Employer Name:			Employer City:		

Check home conditions: Both Parents □ Parent & Step Parent Parents Separated □ Parents Divorced □ Father Deceased □ Mother Deceased □ Mixed Religion □ please name Religion	☐ Father Remarried ☐ ☐ Mother Remarried ☐			
List Names & Address of Person(s) with whom student li	ives if different from Parents			
Relationship of this person to the student				
Name of family members currently attending or alumni o	of St. Cyprian School – List relationship (brother, sister, cousin, etc.)			
Sacramental Information:				
Baptism Date Chu	urch City/State			
Indicate which Sacrament preparation is requested:	Baptism □			
Application completed by:	Relation to Applicant			
Address Phone #				
Available classroom space, a	on, requested documents & \$5.00 fee to the school office. a favorable academic readiness evaluation and nine student's acceptance to St. Cyprian Parish School.			
Do Not Write in this Box. Office Use Only:				
Assessment Date Tir	me:			
\$5 Application Fee Received □ Ck#	□ Cash			
\$25 Testing Fee Received	□ Cash			
<u>Certificates Received</u> : Birth □ Baptismal	☐ Immunizations ☐ Health Exam for School Entry ☐			
Notes:				
Applications are not held over from year to year.	Revised December 2015			

Please list your child's favorite indoor play activities
rease list your clinic s lavorite 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).
f 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?