

Application Date: _____

TRANSITIONAL KINDERGARTEN
APPLICATION FOR ADMISSION for 2016 - 2017 Year

\$20.00 Application Fee to accompany this application. (Non-Refundable)

** Copies of Birth, Immunization record, Health Exam for School Entry 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: _____

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

Indicate which Sacrament preparation is requested: Baptism

Application completed by: _____ **Relation to Applicant** _____

Address _____ **Phone #** _____

Promptly return completed application, requested documents & \$20.00 fee to the school office.

Available classroom space will determine student's acceptance to St. Cyprian Parish School.

Do Not Write in this Box. Office Use Only:

\$20 Application Fee Received Ck# _____ Cash

Certificates Received: Birth Baptismal Immunizations Health Exam for School Entry

Notes: _____

Applications are not held over from year to year.

Revised December 2015

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? _____
