

St. Cyprian Parish School Transitional Kindergarten Admission Application - Page 2

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 Credit Card

Certificates Received: Birth Baptismal Immunizations Health Exam for School Entry

Notes: _____

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? _____
