

NEW STUDENT INFORMATION

Please PRINT clearly

Grade applying for K-8: _____ Age: _____ M ___ F ___

Preschool: Five Full Days _____ Five Half Days _____ Three Full Days _____ Three Half Days _____

Name: _____
Last First Middle

Address: _____
Number Street Name

City State Zip Code Phone: () _____

Place of Birth: _____ Date of Birth: _____ Religion: _____

Please check the space in each category below that applies to the student.

<u>ETHNIC BACKGROUND</u>	<u>STUDENT LIVES WITH</u>	<u>PARENTAL INFORMATION</u>		<u>LANGUAGE INFORMATION</u>	
<input type="checkbox"/> Black	<input type="checkbox"/> Both Parents	Mother	Father	Student	Spoken
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Father Only	Living	_____	Primary	in home
<input type="checkbox"/> Asian:	<input type="checkbox"/> Mother Only	Deceased	_____	English	_____
<input type="checkbox"/> Filipino	<input type="checkbox"/> Shared Custody	Married	_____	Spanish	_____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Legal Guardian	Single	_____	Other	_____
<input type="checkbox"/> Japanese	<input type="checkbox"/> Foster Parent	Separated	_____	Specify	_____
<input type="checkbox"/> Korean	<input type="checkbox"/> Other (specify)	Divorced	_____		
<input type="checkbox"/> Vietnamese	_____	Remarried	_____	Citizenship:	
<input type="checkbox"/> Hawaiian/Pacific Island				<input type="checkbox"/> United States	
<input type="checkbox"/> American Indian	Person responsible for payment of tuition:			<input type="checkbox"/> Non-U.S. Citizen (specify)	
<input type="checkbox"/> White	_____				
<input type="checkbox"/> Other non-white					

List school(s) previously attended, include Preschool, Kindergarten and Elementary.

<u>Name of school</u>	<u>Address</u>	<u>Date(s) attended</u>	<u>Grade(s) Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____

Has student skipped a grade? No Yes If yes, what grade _____

Has student repeated a grade? No Yes If yes, what grade _____

Has student received special testing ? No Yes Indicate below and provide testing results.

Vision Speech/language Hearing Learning Difficulties ADD ADH

Other _____

Any special medical/emotional/health concerns? _____

SACRAMENTAL RECORD	(Documentation must be shown to verify information)			
Baptism	First Reconciliation	First Eucharist	Confirmation	
Date	_____	_____	_____	_____
Church	_____	_____	_____	_____
City	_____	_____	_____	_____
State	_____	_____	_____	_____

FAMILY INFORMATION

Please PRINT clearly

Father's Name _____ Religion _____
Last First Middle

Address _____
Number Street City State Zip Code

Home Phone _____ Business Phone _____
Area Code Number Area Code Number

Occupation _____ Employer _____

Place of birth _____ Email _____

Are you a St. Cyprian alumni? ___Yes ___No Year of graduation _____ U.S. Citizen ___Yes ___No

Mother's Name _____ Religion _____
Last First Middle

Address _____
Number Street City State Zip Code

Home Phone _____ Business Phone _____
Area Code Number Area Code Number

Occupation _____ Employer _____

Place of birth _____ Email _____

Are you a St. Cyprian alumni? ___Yes ___No Year of graduation _____ U.S. Citizen ___Yes ___No

Are you a ***registered** member of St. Cyprian Parish ? (verified by the Rectory) ___Yes ___No
*Defined as registered at the Rectory, regularly worshipping at St. Cyprian, contributing in a trackable manner (envelopes, etc).

Parish of Attendance _____ Parish of Residence _____

Name(s) _____
of siblings: _____ Age _____ Age _____

Please indicate your reasons for wanting your child to attend St. Cyprian School (If more space is needed, please use a separate sheet.)

How did you hear about St. Cyprian School? ___referred by _____

___Flyer ___Brochure ___Publication ___Newspaper ad ___Internet ___Phone Book

Signature _____ **Date** _____

Office use: Date received _____

- ___Application fee
- ___Siblings applying
- ___Birth certificate
- ___First Eucharist certificate
- ___Most recent report card
- ___Most recent testing
- ___Immunization history
- ___Recommendation
- ___Parish affiliation
- ___Kdg report

Upon acceptance:

- ___Fees
- ___Final report card
- ___Records request
- ___Tuition agreement