



Application

School Year _____ Date _____

Family name, if different from child(ren) _____

Eldest student-current grade _____ Male/Female

Name _____ D.O.B. ___/___/___

(Last) (First) (Middle)

Place of Birth (city & state) _____

Is this child baptized? Y/N If yes, date of baptism ___/___/___

Other sacraments:

Communion Y/N Parish (city/state) _____

Reconciliation Y/N Parish (city/state) _____

Second student-current grade _____ Male/Female

Name _____ D.O.B. ___/___/___

(Last) (First) (Middle)

Place of Birth (city & state) _____

Is this child baptized? Y/N If yes, date of baptism ___/___/___

Other sacraments:

Communion Y/N Parish (city/state) _____

Reconciliation Y/N Parish (city/state) _____

Third student-current grade _____ Male/Female

Name _____ D.O.B. ___/___/___

(Last) (First) (Middle)

Place of Birth (city & state) _____

Is this child baptized? Y/N If yes, date of baptism ___/___/___

Other sacraments:

Communion Y/N Parish (city/state) _____

Reconciliation Y/N Parish (city/state) _____

Parents

Father's Name _____

Mother's Name _____

Address _____

Address _____

City, State, & Zip-code _____

City, State, & Zip-code _____

Home _____ Cell(s) _____

Home _____ Cell(s) _____

Work _____

Work _____

E-mail _____

E-mail _____

Catholic/Non- Catholic -Parish _____

Catholic/Non- Catholic -Parish _____

Name/City/State _____

Name/City/State _____

Home Environment

Child(ren) living with:

__ Both Parents __ Father __ Mother __ Foster Parents __ Shared custody

Language Spoken At Home

__ English __ Spanish __ Other _____

Please check one that best describes your child.

(This information is used for the compilation of the "N.C.E.A.-National School Data Bank Report")

__ American Indian

__ Hispanic

__ Multi Racial

__ Asian

__ Native Hawaiian/Pacific

__ White

__ Black

Islander

Please list the schools previously attended by your child(ren).

Please tell us why are you interested in enrolling your child(ren) here at Salesian.

Has your child received any special medical or educational, testing or diagnosis that we should be aware of?

We have five parent meetings per year called SPA meetings. Are you committed to attend?
Yes ___ No ___

We are actively fundraising. Will you commit to participate in school fundraisers?
Yes ___ No ___

Are you willing to take an active roll in your child's education by helping him/her stay current with class work and homework? Yes ___ No ___

Are you willing to support and cooperate with the school policies including service hours?
Yes ___ No ___

Do you agree to abide by the 15 miles per hour speed limit on Enos Lane? Yes ___ No ___

Father Signature _____ Date ___/___/___

Father Print Name _____

Mother Signature _____ Date ___/___/___

Mother Print Name _____

Grade of eldest child _____

**Both parents must sign unless you are a single parent.*

How did you learn about our school? _____