

School Application

STUDENT INFORMATION

Student's Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Place of Birth: _____

Gender: Male Female Ethnicity: _____

For which grade are you applying? _____ School Year: _____

Has your child ever been retained? Yes No If yes, what grade? _____

Any siblings and/or relatives at Epiphany? Religion: Catholic
 Yes No Non-Catholic

How did you hear about Epiphany School? Mailing Magazine Parish Bulletin
 Friend: _____ Other: _____
(School Family Name)

Are you applying with other siblings? Yes No

If yes, whom? _____ Grade: _____

If yes, whom? _____ Grade: _____

Previous School attended? _____

FAMILY INFORMATION

Mother / Guardian _____ Eve Phone _____ Work Phone _____ Cell Phone _____ Email address _____	Father / Guardian _____ Eve Phone _____ Work Phone _____ Cell Phone _____ Email address _____
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STUDENT MAILING ADDRESS

Street Address _____

City _____ State _____ Zip Code _____

Parent / Guardian Signature _____ Date _____