

School Application 2016-2017

STUDENT INFORMATION

Student's Name: _____		
_____	_____	_____
Date of Birth: _____		Place of Birth: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: _____	
For which grade are you applying? _____	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade? _____	
Any siblings and/or relatives at Epiphany? <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	
How did you hear about Epiphany School? <input type="checkbox"/> Mailing <input type="checkbox"/> Magazine <input type="checkbox"/> Parish Bulletin		
<input type="checkbox"/> Friend: _____ (School Family Name)	<input type="checkbox"/> Other: _____	
Are you applying with other siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, whom? _____	Grade: _____	
If yes, whom? _____	Grade: _____	
Previous School attended? _____		

FAMILY INFORMATION

_____	_____
Mother / Guardian	Father / Guardian
_____	_____
Eve Phone _____	Work Phone _____
_____	_____
Cell Phone _____	Cell Phone _____
_____	_____
Email address _____	Email address _____

STUDENT MAILING ADDRESS

Street Address

City _____ State _____ Zip Code _____

Parent / Guardian Signature _____ Date _____