



# ST. BONIFACE SCHOOL & PRE-K

Over 100 Years of Classical Catholic Education

Date _____
Grade _____
Entering _____
Start Date _____

## APPLICATION FOR ADMISSION

Child's Full Name: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security Number \_\_\_\_\_

What Public School Would Child Attend? \_\_\_\_\_

<b>EARLY CHILD DEVELOPMENT:</b>	<b>PRESCHOOL:</b>
6 Weeks to 18 months _____	3 years _____ 4 years _____
18 Months to 3 years _____	7:30 am to 11:00 am _____
	7:30 am to 3:15 pm _____

**PARENT (LEGAL GUARDIAN) INFORMATION:**

Child Lives With \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Joint Custody \_\_\_\_\_ Other—Relationship/ Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE,  
BOTH PARENTS HAVE ACCESS TO THE STUDENT AND HIS/HER EDUCATION RECORDS.**

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**RELIGIOUS INFORMATION:** Are you Catholic? \_\_\_\_\_ yes \_\_\_\_\_ no

If Catholic, in which parish are you registered? \_\_\_\_\_

Child's Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

1st Reconciliation Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

1st Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

<b>AFTER SCHOOL CARE (PRE K to 6th):</b> Will you be using our After School Care? _____ yes _____ no If yes, how often? _____ daily _____ occasionally	<b>SUMMER CARE:</b> Please indicate if you plan to use our Summer Care program for your child. _____ yes _____ no
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