

St. Cornelius School

Application For Admission

Date _____

Name _____

Address _____ Telephone () _____

City _____ State _____ Zip _____

Hereby applies for admission to St. Cornelius School

In (month) _____, 200_____ for the following grade

Please circle one K 1 2 3 4 5 6 7 8

Date of Birth _____ Place _____

School Last Attended _____

Address _____ City _____ State _____ Zip _____

Father's (or Guardian's) Name _____

Address _____ City _____ State _____ Zip _____

Business or Profession _____

Name of Company _____ Telephone () _____

Mother's Full Name _____ Maiden Name _____

Address _____ City _____ State _____ Zip _____

Business or Profession _____

Name of Company _____ Telephone () _____

With Whom Does Child Reside? _____ Father _____ Mother

_____ Step-Father _____ Step-Mother

_____ other (relationship)

Please State How You Wish any Correspondence from School to be addressed

Please Complete Both Sides of This Form

St. Cornelius School

For Diocesan Statistical Reports This Information is Necessary

For Catholic Children Only

Present Parish _____

Date of Baptism _____ Place _____

Date of First Communion _____ Place _____

Date of First Penance _____ Place _____

For Non- Catholic Children:

Religion _____ Church You Attend _____

Sex of Child: Male Female

Racial Ethnic Category

_____ American Indian _____ African American _____ Asian/Pacific

_____ Filipino _____ Hispanic _____ Other

Brother and Sisters Attending This School:

Name _____ Grade _____ Male ___ Female ___

_____ Grade _____ Male ___ Female ___

How did you first hear of St. Cornelius School? _____

Why are you interested in having your child Attend St. Cornelius School? _____

This application is not binding upon the applicant or the school. If the candidate is accepted for admission and the school is able to offer a vacancy, a registration packet will be forwarded in advance of the student's entrance. A place for the student will be reserved when the registration form and fee are returned to the school. This application with \$35 should be returned to the school. This charge, which defrays the cost of testing and processing, is not refundable.

Signature of Parent or Guardian _____

Please Complete Both Sides of This Form

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