



Diocese of Fort Wayne – South Bend

St. Therese Catholic School – Enrollment

(Each child attending St. Therese School must have this form on file)

[Please Print!]

Office Use Only

Last Name: _____

Student ID: _____

Baptism Certificate on file? _____

Birth Certificate on file? _____

Entering Grade _____ in **2017-2018**.

(An interview will be required for students new to the school and enrolling in grades 5 – 8)

Student's Name: _____ Sex _____
First (Middle) Last

Date of Birth (Mon/Day/Year) _____

City, State & Country of Birth _____

Address: _____
(Street Address)

Home Phone: _____

Medical Condition (Allergy, Asthma, Heart Condition, etc. Please be specific):

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

___ No, not Hispanic / Latino

___ Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

Student's Religion: _____

Baptism: Date: _____ Church: _____ City: _____ State: _____

Holy Communion: Date: _____ Church: _____ City: _____ State: _____

Confirmation: Date: _____ Church: _____ City: _____ State: _____

Did this child attend St. Therese Catholic School last year? _____ If no, where did this child attend school?

School Name: _____ City: _____ State: _____

In what public school corporation does the child reside? _____

Has this child ever received any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)? ___ Yes ___ No If yes, what services were received? _____

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____ If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school).
(P4020).

PLEASE COMPLETE OTHER SIDE

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current (4020).



Diocese of Fort Wayne – South Bend
St. Therese Catholic School
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Office Use Only - Last Name:

School Year **2017-2018** ___ Returning Family ___ New Family Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information	
_____	_____
First Name	Last Name
___ Living	___ Deceased
Education (check highest level reached):	
___ Grade School	___ High School ___ College Courses
___ College Degree	___ Postgraduate
Cell Phone: _____	
E-Mail Address: _____	
Occupation: _____	
Employer: _____	
Work Phone: _____	

Father's or Guardian's Information	
_____	_____
First Name	Last Name
___ Living	___ Deceased
Education (check highest level reached):	
___ Grade School	___ High School ___ College Courses
___ College Degree	___ Postgraduate
Cell Phone: _____	
E-Mail Address: _____	
Occupation: _____	
Employer: _____	
Work Phone: _____	

List Children who will attend (insert school name):

NAME	BIRTH DATE (mon/day/year)	AGE
1		
2		
3		
4		
5		

List all other children in family:

NAME	BIRTH DATE (mon/day/year)	AGE
1		
2		
3		
4		
5		

Children live with: ___ Both Parents ___ Mother ___ Father ___ Stepmother ___ Stepfather
 ___ Other: _____

Parents' Marital Status: ___ Married ___ Single, never married ___ Divorced* ___ Separated*
 ___ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent read English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE COMPLETE THE OTHER SIDE