Date:



All Saints Catholic School 2023-24 Application

Student Information

Last Name:	Fi	rst Name:		Mide	dle Initial:
Incoming Grade:_	(Options	s: K through 8 th ,	Pre-K3, Pre-	K4/5)	
Date of Birth:		Gende	er: Male	e Female	Э
Catholi	ic Family	Non-Catho	olic Family		
Support Services:	504 plan IEP/ISP	IHP	(Ple	Medicationease explain):	
Food or Medication	on Allergies:		Medica	al Conditions: _	
2 nd Student Informa	ation				
Last Name:	Fi	rst Name:		Mido	dle Initial:
Incoming Grade:_	(Options	: K through 8 th , I	Pre-K3, Pre-K4	1/5)	
Date of Birth:		Gender:	Male	Female	
Cat	tholic Family	Non-Catho	olic Family		
Support Services:	504 plan IEP/ISP	IHP	Daily Me	dication	
			(Plea	se explain):	
Food or Medication	Allergies:	Medical	Conditions: _		
THE FOLLOWING INI Student's Race/Eth White/	FORMATION IS USED TO inicity: African American/	COMPLETE REQUARIES Asian/Pacific		REPORTS Hispanic	Other
Caucasian	Black	Islander	Indian	Поратно	Othor
Parent/Guardian In Mother/Guardian's	formation: s Last Name:	First Nan	ne:	Mido	lle Initial:
Mailing Address: _		City/T	own:	State:	Zip:
Home Phone:	Cell Phone: _		Email:		
Occupation:	Employer:		Work Phon	ne:	
Father/Guardian's	Last Name:	First Nam	e:	Middl	e Initial:
Mailing Address: _		City/T	own:	State: _	Zip:
Home Phone:	Cell Phone: _		Email:		
Occupation:	Employer:		Work Phon	ne:	
If different, should c	orrespondence be sent t	o both addresses	s?	Yes	No

Does your child have sibli	ngs? If so, please list name(s), birth date(s) and current	grade level.			
Did you attend/graduate f	rom a Catholic School?	Name of School attend	led:			
A \$200 non-refundable enrollment fee is required with this application. Please make checks payable to All Saints Catholic School and deliver/mail to: ASCS, PO Box 1749, Bangor, ME 04401						
Office Use Only: Check No.			Received by:			