



St. Agnes Cathedral School
National School of Excellence
70 Clinton Avenue
Rockville Centre, New York 11570
(516) 678-5550
Fax (516) 678-0437

Mrs. Cecilia St. John
Principal

Mrs. Mary Brower
Assistant Principal

Application for Grade _____

Date of Registration _____

Last Name (Please Print)		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth	Mo.	Day	Year	
Please Indicate: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Please also indicate how you would like correspondence to be addressed: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. and Mrs. _____ <i>Print name(s) above</i>							
Address					Father's Name	Father's Occupation			
City, State, Zip					Mother's First & Maiden Name	Mother's Occupation			
Mother's Cell Phone #			Father's Cell Phone #		Guardian's Name	Guardian's Occupation			
Change of Address			Home Telephone #		Father's Religion	Birthplace	Living		
Baptismal Church			Location		Date	Mother's Religion	Birthplace	Living	
First Communion Church			Location		Date	Father's Business Address	Business Phone #		
First Penance Church			Location		Date	Mother's Business Address	Business Phone #		
Confirmation Church			Location		Date	Father's e-mail address	Mother's e-mail address		
Names of Brothers & Sisters			Born:	Mo.	Day	Year	Names of Brothers & Sisters		
Public School District		Parish Registered In			Location		Language Spoken at Home		
Geographic Parish (if different from above)									
Kindergarten Attended. Fill in ONLY if child is coming into 1 st grade.									
SCHOOL			ADDRESS			PHONE			
School PRESENTLY attending									
SCHOOL			ADDRESS			PHONE			
Please indicate if your child receives any services? IEP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 504 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Speech <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> OT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>									
If you are a new family in the school, please indicate here: YES _____ NO _____									