✝

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   *Mrs. Mary Brower*
Principal   *Assistant Principal*

Application for Grade _____   Date of Registration _____

Last Name (Please Print) First Middle	☐ Male ☐ Female	Place of Birth	Mo.	Day	Year
Please Indicate: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	**Please also indicate how you would like correspondence to be addressed:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mr. and Mrs. _____ *Print name(s) above*				

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	Born:	Mo.	Day	Year

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 1st grade.

SCHOOL   **ADDRESS**   **PHONE**

School PRESENTLY attending

SCHOOL   **ADDRESS**   **PHONE**

Please indicate if your child receives any services?	IEP Yes___ No___	504 Yes___ No___	Speech Yes___ No___	OT Yes___ No___	PT Yes___ No___

If you are a new family in the school, please indicate here: YES _____   NO _____