ASSUMPTION PARISH SCHOOL – NEW STUDENT APPLICATION

STUDENT DATA

_____ _____ _____ ____ _____ _____ _____
Legal Last Name of Student   First Name   Middle Name   M/F   Religion   Grade Entered   Month/Year Entered

_____ _____ _____ _____ _____
Present Home Address   City   State   Zip   Telephone

_____ _____ _____ _____ _____ _____
New Home Address (if relocating)   City   State   Zip   Telephone   Approx. Date

BIRTH: _____ _____   _____ _____ _____   _____
City   State   Month   Day   Year   Social Security Number

Diagnosed Significant Medical Needs (asthma, diabetes, food allergies, or any other life-threatening condition):

_____

Diagnosed Significant Educational Need: _____**Evaluating Agency**_____

Please indicate your public school district and the name of the school(s) which service(s) your area:

Mehlville R-9	Lindbergh R-8	_____Other School District
Hagemann	Kennerly	_____Elementary School
Trautwein	Truman	_____Middle School
Washington Jr. High	Sperring	
_____Other - School	Other - School	_____ Other - School

FAMILY DATA

FATHER:_____ _____ _____ _____
Family Name   First   Middle   Religion

_____ _____ _____ _____
Home Address   City   State/Zip   Telephone

_____ _____ _____
Occupation   Business Address   Telephone

E-mail Address: _____   Assumption Graduate: Yes   No   Year_____

MOTHER:_____ _____ _____ _____
Family Name   First   Middle   Religion

_____ _____ _____ _____
Home Address   City   State/Zip   Telephone

_____ _____ _____
Occupation   Business Address   Telephone

E-mail Address: _____   Assumption Graduate: Yes   No   Year_____

MARITAL STATUS OF PARENTS: Married   Divorced   Separated   Single   Remarried   Widowed

If divorced, do parents have joint custody: Yes   No

If no, name of parent who has primary legal custody: _____

If the student is not living with parents, please complete the following:

GUARDIAN(S):_____ _____ _____ _____
Family Name   First   Middle   Relationship

_____ _____ _____ _____
Home Address   State/Zip   Telephone   Religion

Please list all children in the family, in age order:

Name: Age: Name: Age:

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

Mailings should be addressed: Ms._____

Mr._____

Mrs. _____

Mr. & Mrs._____

Other_____

SCHOOLS ATTENDED

Date Entered	Name(s) of School(s)	City	State	Zip	Date Withdrawn	*Reason for Withdrawal

*Moved (1)   Illness(2)   Parental Wish (3)   Transferred(4)

BAPTISM:_   _____ _____ _____ _____ _____
                         Date   Church   City   State   Zip

FIRST COMMUNION: _____ _____ _____ _____ _____
                         Date   Church   City   State   Zip

CONFIRMATION: _____ _____ _____ _____ _____
                         Date   Church   City   State   Zip

Are you registered in Assumption Parish?   Yes   No

Date Registered: Month_____   Year_____

If you are not presently registered in Assumption Parish, please fill in the following:

Parish Name:_____

Parish Address: _____ _____ _____ _____
                    Street   City   State   Zip

Pastor's Name:_____