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	_____Sperreng	
_____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:_____

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Date Entered	Name(s) of School(s)	City	State	Zip	Date Withdrawn	*Reason for Withdrawal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