



# ST. FINBAR ELEMENTARY SCHOOL

## APPLICATION FOR ADMISSION PLEASE PRINT OR TYPE

Child's Last Name		Present Grade	Grade in August
First Name	Middle	Sex	Date of Birth / /
Address		City	State
Zip Code			
Home Phone ( )	Main E-mail Address		
Child's Place of Birth		Country	

**Child Resides with:** (Check where appropriate.)

Both Parents   
  Mother Only   
  Father Only  
 Shared Custody

**Ethnic Origin** (Check where appropriate):

Caucasian   
  Hispanic   
  Black   
  Filipino   
  Other Asian   
  Multi-Racial

**Main or 1st Language spoken at home:** \_\_\_\_\_ **2nd Language:** \_\_\_\_\_

**School Child Currently Attending:** \_\_\_\_\_ **City:** \_\_\_\_\_

**FATHER'S INFORMATION** (Check where appropriate:  Step-Father  Legal Guardian)

First Name		Middle	Last	
Address		City	Zip Code	State
Cell Phone ( )	E-mail		Religion	
<b>Father's Place of Birth</b>	City	State	Country	
<b>Father's Employment Information</b>	Occupation	Employer		Phone ( )
	Employer's Address		City	
<b>Father's Marital Status</b>	(Check where appropriate: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased)			

**MOTHER'S INFORMATION** (Check where appropriate:  Step-Mother  Legal Guardian)

First Name		Middle	Last	
Address		City	Zip Code	State
Cell Phone ( )	E-mail		Religion	
<b>Mother's Place of Birth</b>	City	State	Country	
<b>Mother's Employment Information</b>	Occupation	Employer		Phone ( )
	Employer's Address		City	
<b>Mother's Marital Status</b>	(Check where appropriate: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased)			

**List ALL Children Attending St. Finbar Parish Schools** (*Pre-School, Elementary and Middle School*)

NAME	GRADE

**Please state your reasons for selecting St. Finbar Elementary School for your child. (Please Print)**

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**SACRAMENT INFORMATION**

<b>Baptism</b>		<i>Check where appropriate:</i>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date	Church	City	State	Zip
<b>First Communion</b>		<i>Check where appropriate:</i>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date	Church	City	State	Zip
<b>Confirmation</b>		<i>Check where appropriate:</i>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date	Church	City	State	Zip

**PARISH INFORMATION**

<b>Are you currently a registered member of St. Finbar Parish?</b>	<i>Check where appropriate:</i>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Did you sign up for online giving?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does your child attend Faith Formation?</b>	<i>Check where appropriate:</i>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Parish	City	State	
<b>Do you live within the geographical boundaries of St. Finbar Parish?</b>	<i>Check where appropriate:</i>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If not, in what Parish do you reside?</b>	Name	City	State

Please forward complete application with copies of birth certificate, baptismal certification, and immunization records to St. Finbar School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date