Applying for Grade:	_ Catholic 🛘	Catholic □ Non-Catholic □				
Child's Last Name	First Name	First Name		Middle Name		
Address	City and State		Zip Code			
Email Address	I Address Home Phone		Cell Phone			
Male □ Female □	Date of Birth	Date of Birth		Place of Birth		
PLEASE COMPLI	ETE THE FOLLOWING (CA	THOLIC A	APPLICAI	NTS ONLY)		
Date of Baptism	Church	Church		City and State		
Date of First Communion	Church	Church		City and State		
Current Parish	City and State	City and State				
School Last Attended	 Grade		How did yo	ou hear about C	CS?	
Parent 1's Last Name	Parent 1's First Name	Parent 1's First Name		Place of Birth		
Parent 1's Occupation	Name of Company		Work Tele	phone Number		
Parent 1's Religion		Married □	Single □	Widowed □	Divorced □	
Parent 2's Last Name	Parent 2's First Name		Place of Bi	rth		
Parent 2's Occupation	Name of Company		Work Tele	phone Number		
Parent 2's Religion		Married □	Single 🗆	Widowed □	Divorced □	
SCHOOL USE ONLY	DATE SUBMITTED:					
Birth Certificate □ Standardized Test Scores □		Baptismal Certificate Immunizations		Report Card □ Testing Fee □		