

Date _____

Grade entering 2014/2015 _____ Referred by _____

Parish of membership _____ *There is a \$50 non-refundable fee required to register.*

Student Information

NAME _____ M F
Last First Middle (Gender)

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

PLACE OF BIRTH _____ DATE OF BIRTH _____
City State Verified

RELIGION _____

ETHNICITY
(Check one) White Black Hispanic American Indian Asian/Pacific Islander Multi-Racial

Applicant lives with: Both Parents Mother Father Guardian Other _____

Language spoken in home other than English: _____

Other children in the family: Name / Birthday _____

Father / Guardian Information

NAME _____
Last First Middle

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ CELL # _____

PLACE OF BIRTH _____ DATE OF BIRTH _____
City State

RELIGION _____ EDUCATION (highest degree) _____

Current Marital Status: Single Married Widowed Divorced

PLACE OF EMPLOYMENT _____

ADDRESS _____

OCCUPATION _____ WORK PHONE _____

Registration of a student does not guarantee admission

Mother/ Guardian Information

NAME _____ Maiden _____
Last First Middle

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ CELL # _____

PLACE OF BIRTH _____ DATE OF BIRTH _____
City State

RELIGION _____ EDUCATION (highest degree) _____

Current Martial Status: Single Married Widowed Divorced

PLACE OF EMPLOYMENT _____

ADDRESS _____

OCCUPATION _____ WORK PHONE _____

Parish & Sacrament Information

Is your family registered at St. Brendan Parish? YES NO

If not, which parish are you currently a member? Name/City _____

Baptism _____
Date Church City State Zip

First Reconciliation _____
Date Church City State Zip

First Eucharist _____
Date Church City State Zip

Confirmation _____
Date Church City State Zip

Schools Attended – INCLUDING PRESCHOOL

Current School: _____ City: _____ Zip Code: _____

Grades Attended: _____

School: _____ City: _____ Zip Code: _____

Grades Attended: _____

Special Needs / Behavior Testing Information

In order to assist us in meeting your child's education needs please complete the following questions:

Has applicant been recommended for any accelerated programs? Yes No

If yes, in what subject areas? _____

Has applicant participated in any accelerated programs? Yes No

If yes, in what subject areas? _____

Has applicant been evaluated or tested for any special needs and / or learning disabilities? Yes No

Type of disability: _____

If yes, in what areas? _____

Does the applicant qualify for Special Education services? Yes No

If yes, in what areas? _____

Does applicant have physical (i.e. speech, vision, hearing) limitations that would affect his/her academic performance? Yes No

If yes, in what areas? _____

Does the applicant have a current IEP?
(Individual Education Plan or Service Plan) Yes No

Has the applicant repeated any grades? Yes No

If yes, in what grade level(s) _____

Reason: _____

Does the applicant need accommodations and / or assistance with social behaviors? Yes No

If yes, in what areas? _____

Comments: (use separate sheet if necessary)

Statement of Commitment

Submission of this application serves as the parent's / guardian's commitment and agreement to be governed by the policies and procedures outlined in the School Handbook during the time your child is enrolled in the school.

Mother / Father / Guardian Signature

Date