

L ★ O ★ U ★ R ★ D ★ E ★ S

2020-2021 NEW STUDENT APPLICATION FORM (Please complete one form per child.)

Child's Name: _____
(Legal Last, First, Middle) (Prefers to be called)

Address: _____
(Number) (Street) (Apt#)

City: _____ **State:** _____ **Zip:** _____ **Gender:** _____ **Grade for 2020-2021** _____

Date of Birth: _____ **Child's Religion:** _____
M/D/Y

Date and Location of Baptism: _____

Public School District residing in: _____

Name of Public School Building child would attend: _____
(Elementary) (Middle School)

PARENT/GUARDIAN INFORMATION

Primary Contact Name: _____ **Occupation:** _____
(First) (Last) (Maiden Name if applicable)

Address (If different from child): _____
(Number) (Street) (Apt. #)

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Religion: _____ **Email:** _____

Employer: _____ **Work Phone:** _____

Secondary Contact Name: _____ **Occupation:** _____
(First) (Last) (Maiden Name if applicable)

Address (If different from child): _____
(Number) (Street) (Apt. #)

City: _____ **State:** _____ **Zip:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Religion: _____ **Email:** _____

Employer: _____ **Work Phone:** _____

(Over)

