

**ST. GILES PARISH SCHOOL
NEW STUDENT APPLICATION 2011-2012**

1. NEW STUDENT INFORMATION

NAME _____ **MALE** _____
Last First Middle **FEMALE** _____

ADDRESS _____ / _____
Street City Zip Phone Number

ENTERING GRADE: **PRESCHOOL** **KINDERGARTEN** **Extended Day Program**
3 year old AM 2 day ___ (T,Th) 3 day ___ (M,W,F) 5 day ___ (M-F) Full Day _____ 3 AM or 4 AM Only
4 year old AM 3 day ___ (M,W,F) 5 day ___ (M-F) Half Day AM _____ YES ___ NO ___
4 year old PM 3 day ___ (M,W,F) 5 day ___ (M-F) within optional full day program. (See attached form)

Check if you want milk at lunch K-full day, 1st – 8th _____ Does Student have IEP? Yes ___ No ___

BIRTH DATE: _____ **BIRTHPLACE:** _____
MM/DD/YY CITY STATE

BAPTISM: _____ **CHURCH:** _____ **RELIGION:** _____
MM/DD/YY NAME CITY STATE

SCHOOL LAST ATTENDED: _____
NAME CITY STATE

Name of Public School your child would otherwise attend: _____

2. FAMILY INFORMATION

Family E-mail _____

ST. GILES PARISHIONER _____ **CHURCH ENVELOPE #:** _____ **NON-PARISHIONER** _____
(See attached form)
Is Student Hispanic/Latino: Yes _____ No _____

Student's Race - check one or more: American Indian or Alaskan Native _____ Asian _____
Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____

STUDENT LIVES WITH: Parents ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Guardians _____

FATHER:

NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____
/ / /

HOME PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____

OCCUPATION: _____ **RELIGION:** _____ **SOCIAL SECURITY #:** _____

Deceased ___ Remarried ___ Separated ___ Divorced ___ **STEPFATHER'S NAME:** _____

MOTHER:

NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____
/ / /

HOME PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____

OCCUPATION: _____ **RELIGION:** _____ **SOCIAL SECURITY #:** _____

Deceased ___ Remarried ___ Separated ___ Divorced ___ **STEPFATHER'S NAME:** _____

NOTE: Registration fee, Birth Certificate and Baptismal record (if applicable) must be provided before application for registration will be accepted by St. Giles School.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____