

**ST. GILES PARISH SCHOOL
NEW STUDENT APPLICATION 2016-2017**

1. NEW STUDENT INFORMATION

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

ADDRESS _____ / _____
Street City Zip Phone Number

ENTERING GRADE:

PRESCHOOL 3 yr old AM 2 day ___ (T,Th) 3 day ___ (M,W,F) 5 day ___ (M-F) **Extended Day Program: YES ___ NO ___**
4 yr old AM 4 day ___ (T,W,TH,F) 5 day ___ (M-F) (11:15 am-3:10 pm)

KINDERGARTEN Full Day ___ Half Day AM ___

GRADES 1- 8 Grade _____

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 ST. GILES PARISHIONER ___ CHURCH ENV#: ___ NON-PARISHIONER ___

Is Student Hispanic/Latino: Yes ___ No ___ **Language spoken at home:** _____

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 _____ **e-mail:** _____

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

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

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

EMPLOYER: _____ **POSITION:** _____

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

MOTHER:

NAME _____ **e-mail:** _____

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

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

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

EMPLOYER: _____ **POSITION:** _____

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:** _____