



Office Use Only - Last Name: _____

Most Precious Blood School – FAMILY Enrollment

[Please Print!]

School Year _____ Returning Family _____ New Family _____ Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information

 First Name Last Name
 ____ Living ____ Deceased
 Education (check highest level reached):
 ____ Grade School ____ High School ____ College Courses
 ____ College Degree ____ Postgraduate
 Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____

Father's or Guardian's Information

 First Name Last Name
 ____ Living ____ Deceased
 Education (check highest level reached):
 ____ Grade School ____ High School ____ College Courses
 ____ College Degree ____ Postgraduate
 Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____

List Children who will attend Most Precious Blood School:

NAME	BIRTH DATE (mon/day/year)	AGE
1		
2		
3		
4		
5		

List all other children in family:

NAME	BIRTH DATE (mon/day/year)	AGE
1		
2		
3		
4		
5		

Children live with: ____ Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather
 ____ Other: _____

Parents' Marital Status: ____ Married ____ Single, never married ____ Divorced* ____ Separated*
 ____ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent read English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____



Diocese of Fort Wayne – South Bend

Office Use Only

Last Name: _____ Student ID: _____

Baptism Certificate on file? _____ Birth Certificate on file? _____

Most Precious Blood School – STUDENT Enrollment

(Each child attending Most Precious Blood School must have this form on file)

[Please Print!]

Entering Grade _____ in _____ (school year).

Preschool Options: ___ 3 Year Old: M-F ___ 3 Year Old: M/W/F ___ 3 Year Old: T/Th

___ 4 Year Old: M-F ___ 4 Year Old: M/W/F

(An interview will be required for students new to the school and enrolling in grades 2 – 8)

Student's Name: _____ Sex _____
First (Middle) Last

Date of Birth (Mon/Day/Year) _____

City, State & Country of Birth _____

Address: _____
(Street Address)

Home Phone: _____

Medical Condition (Allergy, Asthma, Heart Condition, etc. Please be specific):

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

___ No, not Hispanic / Latino

___ Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

Student's Religion: _____

Baptism: Date: _____ Church: _____ City: _____ State: _____

Holy Communion: Date: _____ Church: _____ City: _____ State: _____

Confirmation: Date: _____ Church: _____ City: _____ State: _____

Did this child attend Most Precious Blood School last year? _____ If no, where did this child attend school?

School Name: _____ City: _____ State: _____

In what public school corporation does the child reside? _____

Has this child ever received any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)? ___ Yes ___ No If yes, what services were received? _____

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____ If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school). (P4020).

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current (4020).