

Date _____

Most Precious Blood School Enrollment Form

Preschool:

3 Year Old Tuesday/Thursday

3 Year Old Mon./Wed./Fri.

3 Year Old Monday – Friday

4 Year Old Mon./Wed./Fri.

4 Year Old Monday – Friday

Grade: K 1 2 3 4 5 6 7 8 (*circle one*)

School Name **Most Precious Blood School**

School Address **1529 Barthold Street, Fort Wayne, IN 46808**

Parish Enrolled At _____

Student's Legal Name _____
Last First Middle Sex Date of Birth Place:City State

Residential Address _____
Street City State Zip Phone

Previous School _____
Name Address(if not local) City State Zip

Student lives with: Both Parents Mother Father Stepmother Stepfather
 Legal Guardian(s) Relatives Grandparents Other _____

STUDENT'S RELIGION _____

Baptism: Date _____ Church _____ City _____ State _____ Zip _____
Communion: Date _____ Church _____ City _____ State _____ Zip _____
Confirmation: Date _____ Church _____ City _____ State _____ Zip _____

LIST ALL CHILDREN IN FAMILY (Please * in front of this child's name)

Oldest 1. Name _____ Age _____ Soc. Security _____ 5. Name _____ Age _____ Soc. Security _____
2. Name _____ Age _____ Soc. Security _____ 6. Name _____ Age _____ Soc. Security _____
3. Name _____ Age _____ Soc. Security _____ 7. Name _____ Age _____ Soc. Security _____
4. Name _____ Age _____ Soc. Security _____ 8. Name _____ Age _____ Soc. Security _____

MEDICAL ALERT: _____

IN CASE OF EMERGENCY, NOTIFY _____
Name Address Phone

FAMILY PHYSICIAN _____
Name Address Phone

REGISTRATION FEE IS NON-REFUNDABLE

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MOTHER'S NAME: _____ Living Deceased
Last First Maiden

Employer: _____
Name Work Address Phone Occupation

Education: Grade school High school College Postgraduate Religion: _____

FATHER'S NAME: _____ Living Deceased
Last First

Employer: _____
Name Work Address Phone Occupation

Education: Grade school High school College Postgraduate Religion: _____

PARENT'S MARITAL STATUS: Married Divorced* Separated* Single Remarried*
**COPY OF CUSTODY/GUARDIANSHIP PAPERS REQUIRED*

Name of guardian with whom the child is living (if not listed above): _____ Relationship _____

Address _____ Contact Telephone # _____

Employer: _____ Work Address: _____ Phone: _____ Occupation: _____

Yes No Has this child ever received any special services (for learning disability, physical or academic impairment, communication disorder, emotional difficulty, etc.)?

Yes No Is the child's first acquired (learned) language something other than English: regardless of which language is dominant?

Yes No Is there a language most often spoken by the child other than English? _____

Yes No Is there a language spoken by the child in the child's home other than English? _____

Enrollment in **Most Precious Blood** School is subject to approval of the Diocese and the **Most Precious Blood** School administration. Enrollment approval, if granted, may be rescinded by the Diocese or School at any time consistent with Diocesan policy or the school handbook.

SIGNATURE OF PARENT/GUARDIAN: _____

Admission is not determined until an admissions interview is conducted (if necessary) and confirmation is received from your previous Catholic School, if applicable, that financial obligations are current (P5270)

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